of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	97)
County CY CY	Registration Dist. No.
Village or City annufor	NoSt,Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. N of foreign birth?
2. FULL NAME Sharles & B	ulen
(a) Residence: No. 4 Blowma Com	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If marriad, widowed, or divorced	21. DATE OF DEATH THE 26 193 3 2/ (Month) (Day) (Yaar)
HUSBAND of Cor) WIFE of Busheth Bailey 6. DATE OF BIRTH (month, day, and year)	22. I HEREBY CERTIFY, That I attended decaased from 19.32 to 2.66 , 19.32 I last saw how alive on 2.35 3 19. : death is said
7. AGE Years Months Days If LESS than 1 dayhrs. ormin.	to have occurred on the data stated abova, at
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation	Gaterios Clerocie ?
12. BIRTHPLACE (city or town) At Malor (State or country)	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of What test confirmed diagnosis? Clustered Was there an autopsy? 10
15. MAIDEN NAME 16. BIRTHPLACE (city er town) (Stete or country) 17. INFORMANT (Address)	23. If daath was due to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or Hamicide?
18. BURIAL, CREMATION, OR REMOVAL Place News Hill Date Fiel 25, 1932	Manner of injury Natura of injury
19. UNDERTAKER 1.73 Colons (Address) 2.6 Clay Se.	24. Was disease or injury in any way related to occupation of decaased? 11 so, specify
20. FILED FM 79 , 193 & Jany G C. Jang & Registrar.	(Signed) To 17 Male M.D. (Address) S. Calvert, Cush upolis,
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week aga
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

			F MAR	YLAND-	CERTIFICATE OF DEATH	1288
1	. PLACE OF DEAT	ГН	7			
	County CC	- 0			Registration Dist. No.	7
	Village or City	cast Po	26	nd.	NDSt.,	Ward
					death occurred in a hospital or institution, give its NAME instead of street and n	
12	Length of residence in cit	ty or town where d	eath occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrsmo	sds.
2	. FULL NAME	Still	melan	I Mas	10 Idlard	
	(a) Residence: No.	394	Eastern	ave-	St., Ward.	
			(Usual place		If nonresident give city or town and	State
	PERSONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLO	R OR RACE	5. SINGLE, MARI	RIED, WIDDWED, O (write the word)	21. DATE OF BEATH	7.
	Mala Co	7-	ON DIVORCIN		(Month) (Day)	(Year)
5a.	If married, widowed, or divo	rced				
	(or) WIFE of				22. IMEREBY SERTIFY, That I attended of	deceased from
		444		A STATE OF	/1900, 10	, 19
	DATE OF BIRTH (month, day	1	1 0	1,1500,11	to have occurred on the date stated above, at 40 A	; death is said
7.	AGE Years	Months	Oays	If LESS than	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
				orzmin.	were as follows:	Data of onsat
Z	8. Trade, profession, or pa kind of work done,	articular as SPINNER			D	
OCCUPATION	SAWYER, BOOKKEE	PER, etc			Probable intra Werine	
JPA	9. Industry or business in work was done, as S SAW MILL, BANK, e	SILK MILL, -			accident	
S	SAW MILL, BANK, 6		11. Total ti	me (vears)		
ŏ	this occupation (more year)	nth and	spar	nt in this		
-) year)	€. 1-	70-1	11. 1	Dther Contributory Causes of importance:	
12	BIRTHPLACE (city or town)	coast	1000	Wa.		
~	(State or country)		180			
HEF	13. NAME 617	1881	Marri	, ,	·	
FATHER	14. BIRTHPLACE (city or to	(wn) an	maficte	s ma	Name of operation Date of	
_	(State or country)	12101	/	11	What test confirmed diagnosis? Was there an a	utopsy?
MOTHER	15. MAIDEN NAME	Milda	1 Bat	lard.	23. If death was due to external causes (VIDL ENCE) fill in also the following	
5	16. BIRTHPLACE (city or to	own) Ea	st Por	1 hld.	Accident, suicide, or homicide? Date of injury	, 19
ž	(State or country)				Where did injury occur?	
	INFORMANT EN	71941	Harry	28	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	
1/	(Address) 394	Enable	771 0	215 -		
18	BURIAL, CREMATION, OR R	REMOVAL -		10	Manner of injury Wither Lell during	The
	Place John WE	sly (End	Date 7	7 , 1932	Nature of Injury Worth & Preside	vece
	P.	Pf 12 C	a be			
19	(Address)	Was h	10/07	6	24. Was disease of njury in any way related to occupation of deceased?	·V
-	(nuuless)	6	n19/021	7	If so, specify State P 13 1	1
20	FILED 7/12.	10 2 2	into C	from a Wade	(Signed)	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. fr Babil

Registrar.

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Example I		Example II	-
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DVILLAU V.S.			
Other contributory causes of importance:	ewres.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSI-Every—frem of information should be carefully supplied. ACE should be stated EXACTLY P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING FOR Y S INK--THIS RESERVED WITH UNFADING MARGIN PLAINLY TE m ż

S. No.

6

PLACE OF DEATH County connected.	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 23-
	Banner . (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mal. 4 COLOR OR RACE SSINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	18 DATE OF DEATH John (Month) (Day) (Year)
Mon. 2/4, 187/. (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or particular wind of work	Carton Monorcials Poeronny
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Suicide) Simpolate (Durstion) yrs. mosds.
9 BIRTHPLACE (State or country) Youk. Pa.	Contributory Secondary (Durstion) yrsmosds.
10 NAME OF FATHER M. H. Banner	(Signed) (Mar Alfanane J. M. D. 2-432 1932 (Address) Preshlyn Med
OF FATHER (State or country) Youl. Pa.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Pauline Recles	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Bask, Md.	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Herman J. Blaci.	Former or usual residence
(Address) Brooklyn. mg.	Codas Hell Cent Fel 8. , 1932.
Filed Ect 6 1982 Ida M. Whiton Registrar	20 UNDERTAKER ADDRESS ADDRESS Rech. Med.
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. P.

11500

REVISED CERTIFICATE OF UNITED DEATH

(Approved by U. S. Census and American Public Health Association.)

er," etc., www.laborer, laborer, labore fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cools ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of worked on may form part of the second statement. Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation who are engaged in the duties of the Stationary fireman, etc. But in many (b) Automobile factory. The materia Laborer--Coal mine, etc. Wom-Locomotive not gainfully em-(6) persons engineer, Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

permanantly filed.

and must be obtained before the certificate is

ECEIVED (Recommendations on statement of cause of approyed by Committee on answered in detail, it will prevent further correspondence. telanus) may be stated under the head of "contributory." American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. as fracture of skull, carbolic acid-Examples: Accidental drowning; Struck by railway train-If this certificate is looked over thoroughly and all questions FOR VIOLENT DEATHS State MEANS OF INJURY -probably suicide. The nature of the injury, and consequences (e. g., sepsis, m childbirth or miscarriage as ., when a definite disease Nomenclature Always qualify all

V. S. No. 1 00 ż

should state of OKCUPA-

	CERTIFICATE OF DEATH (1290)
1. PLACE OF DEATH	
County I Three I think a El	Registration Dist. No.
Village or City Lands, ldo	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
8	ds. How long in U.S. if of foreign birth? 25 yrs ds.
(a) Residence: No. Famb, llo	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 9 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of 8 min Beck	22. I HEREBY CERTIFY. That I attended deceased from Current 10 19 31 to Feb-27 1932
6. DATE OF BIRTH (month, day, and year) 15/86/	Hast sew him elive on Feb 2 4th 198 ; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abovo, at
70 86 8 12 1 day. hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKEEPER atc.	Dastric Can hapatic goons
	Carcinoma par. 1. 19
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date securetian (morth and search in this occupation (morth and search in this search in this	
10. Date deceased last worked et this occupation (month) and yeer) 11. Total time (years) spent in this up occupation	
12. BIRTHPLACE (city or town) / Lung any (State or country)	Other Contributory Causes of Importance:
13. NAME Jan Beck	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation None Date of What test confirmed diagnosismul Last Wes there an autopsy 100
15. MAIDEN NAME JATE	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Acrima Book (Address) Hamby the	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL IN Date 420-29, 1932	Manner of injury
19. UNDERTAKER M. 7 ladung fores H.	24. Was disease or injury in any wey releted to occupation of deceased?
20. FILED 2/27 , 1932 Garra Street. Registrar.	(Sigoed) Mossine Hayla M. D. (Address) David Sin Wille, M.)

If more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitud nephrilis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones ·	May 1,1923	Gastroenteritis	1 year

	4	 	

MARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.

1. PLACE OF DEATH	F MAR	rland—	CERTIFICATE OF DEATH	231
County Arme Arma	el		Registration Dist. No. 21	/
Village or City Crownsvi		le Mospi	te No.	Ward
Langth of rasidance in city or town where d	eath occurred		f death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs	
	the Boo		John 1018 111 0101 11 111 111 111 111 111 11	103
	timore		ryštand Ward.	
(a) Residence. No.	(Usual place of	of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
female black	5. SINGLE, MARK OR DIVORCED	(write the word)	21. DATE OF DEATH 1st (Month) (Day)	2 , 193 (Year)
5a. If marriad, widowed, or divorcad HUSBAND of				
(or) WIFE of		-	January 25 19 32 to February	dacaased from
6. DATE OF BIRTH (month, dey, and year)	1898		77 77 7 7	: daath is said
7. AGE Years Months	Days	If LESS than	to have occurred on the data stated above, at 10:45m a. 1.	, 40011110 3010
34 Unkr	bwn	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and raiatad causes of importence ware as follows:	I Date of season
8. Trade, profassion, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, akc	Unkno	wn	Exhaustion due to prolonged mania	Data of onset
10. Date dacaased lest worked at this occupation (month and year)	11. Total tir spen occu	ne (yaars) tin this petion		
12. BIRTHPLACE (city or town)	10 wn		Other Coatributory Causes of importance: Manic Depressive-menic type	?
13. NAME UNKNOWN 14. BIRTHPLACE (city or town) Unk			[8] [8] [8]	
14. BIRTHPLACE (city or town) Unit (Stata or country)	nown		Name of oparation Date of. What tast confirmed diagnosis? Was there an	
15. MAIDEN NAME UNKNOWN			23. If daath was dua to extarnal ceusas (VIOLENCE) fill in also the followin	
St. Dikini Error (city of town)	tnown Iknown		Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT HOSpital Rec	ords	e nd	(Specify city or town, county and Str Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	te) _ACE.
18. BURIAL, CREMATION, OR REMOVAL Place AT Subrum	Date 2/5	1,1932	Manner of injury	
19. UNDERTAKER Mes. Store (Address) 163/8	ge of	Hollan	24. Was disease or injury in any way yalated to occupation of deteasad	
20. FILED 92 - 193 2	Do Jo	Balto, M M Registrar.	(Signad) Siovnsville, Maryla	7 Zm. D.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AR 7 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURHAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state OCCUPA-

Exact statement

PHYSICIAN

stated EXACTLY. properly classified.

AGE should be

supplied.

should be carefully

V. S. No. 1 N. B. certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	-		(46)	
County C	CC =	(-)	Registration Dist. No. 2	1
Village Dr City 222	capiotos	Tila		Ward
Length of residence in city or town wh	era death occurred		death occurred in a hospital or institution, give its NAME instead of street as ds. How long In U.S. if of foreign birth?yrs	
2. FULL NAME TAC	1186 18	02272	(ai V	
(a) Residence: No. 105	Was him ? (Usual place of	g for (abode)	St., Ward. If nonresident give city or town a	and State
PERSONAL AND STATE	STICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE		lED, WIDOWED, (rwrite the word)	21. DATE OF DEATH July 12 (Day)	, 193 <u>7</u> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Bown	non	22. I HEREBY CERTIFY. That I attend	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month: A 8. Trada, profession, or particular kind of work done, as SPINNER	Days /	1866 If LESS than 1 day,hrs. ormin.	i last saw h aliva on, 19 to have occurred on the date stated above, atm. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:	
kind of work done, as SPINNER, SAWYER, BDOKKEPER, atc	11. Total tim	in this	one pear durplier	
12. BIRTHPLACE (city or town) CM (State or country)	nafiotis Wolf	1110	Other Contributory Causes of Importance:	
13. NAME SAC CLE 14. BIRTHPLACE (city or town) CStata or country)	mafiot	is Hid	Name of operation Date of What test confirmed diagnosis? Was there a	
15. MAIDEN NAME 11.2 9 16. BIRTHPLACE (city or town) (Stata or counly) 17. INFORMANT 12.24 (Address) 11.7	R Nash	an i	23. If death was due to external causes (VIOLENCE) fill in also tha follow Accident, suicide, or homicide? Data of Injury Whera did injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC	ring: , 19
18. BURIAL, CREMATION, DR REMOVAL Place Promover Trues	Carbate 2. 1	14 ,19.32	Manner of injury	
19. UNDERTAKER & 1. 13. 13. 14. 19. 3. 2- \$	Parker ingloss	2 Zeel	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) John W Anderson Jachurd V (Address) Achie as Coroner Louis	tre sace

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1915 1921	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car	1 week ago
1921	Run, over by street car	
	20010 0001 011 011	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	Series and the contract of the	
		Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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	Erecy ;	CIANS
)	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
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Exact statement

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

V. S. N6 B

1	S'	TATE (OF MAR	YLAND-	CERTIFICATE OF DEATH	1 1 (0/12)
1	PLACE OF DEAT	rh				01230
	CountyAnne	Arunde	1		Registration Dist. No	21
	Village or City	rownsvi	lle Sta		talNo.	St.,Ward
	Length of residence in cit	ty or town where	deeth occurred		death occurred in a hospital or institution, give its NAME instead of st	
2	FULL NAME					
	(a) Residence: No	424 W.			altimore, Md.	
-	PERSONAL AN	D STATIST	(Usual place		If nonresident give city or to	
3. S		R OR RACE	5. SINGLE, MAI	RRIED, WIDOWED,	21. DATE OF DEATH	
	Male C	bored	or divorci	ED (write the word)	February, 21st 1932	, 193(Year)
5a.	If merried, widowed, or divo HUSBAND of	rced			22. I HEREBY CERTIFY, Thet I	Marada da da caracida de carac
	(or) WIFE of Reb	ecca Br	adley		December 4th-1931 to 2/	20/3219
6. D	ATE OF BIRTH (month, dey	, and year) ITm	lenown		l lest sew h im alive on 2/20/32	19; deeth is said
7. A		Months	Deys	If LESS then	to have occurred on the dete stated above, at 4.30 m.A.	M.
	37	9	?	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importe were as follows:	1
N	8. Trede, profession, or pe kind of work done, SAWYER, BOOKKEE	erticular es SPINNER.			General Paresis	Deta of onset
OCCUPATION	SAWYER, BOOKKEE		Labor	er		
Jan.	work wes done, as S SAW MILL, BANK, e	ILK MILL,				
220	10. Deto decreesed last wor this occupation (mor yeer)	ked at	11. Totel sp:	time (years) ent in this upetion		
12	BIRTHPLACE (city or town).	Virgin	io		Other Contributory Causes of importance:	9
16.	(State or country)		4			
ER	13. NAME Lawre	ence Jo	rdan			
FATHER	14. BIRTHPLACE (city or to	wn) IBOA	th Caro	lina	Name of operetion(Dete of
	(State or country)				Whet test confirmed diagnosis? Wassermann west	here an eutopsy?
HER.	15. MAIOEN NAME Sa	llie Br	adley		23. If death wes due to external ceuses (VIOL ENCE) fill in elso the	following:
MOTHER	16. BIRTHPLACE (city or to	wn)Sou	th Caro	lina	Accident, suicide, or homicide?	/, 19
2	(State or country)	4 7 72			Where did injury occur? (Specify city or town, county	and State)
17.	1111 OK 1111	tal Re	cords le Marv	land.	Specify whether injury occurred in INOUSTRY, in HOME, or in PU	BLIC PLACE.
18.	BURIAL, CREMATION, OR R	EMOVA1		24/32 19	Manner of injury	
	Iza	Brown &	Son			4
19.	UNDERTAKER 108	W.Mont	gomery	St. Balto.	24. Was disease or Injury In any wey related to occupation of dece	Sea
	- 1	,				Ce 1 1 1

Registrar.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	The second section of the sect	
Mau 1,1923	Other contributory causes of importance:	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SP	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN					
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	RD.	YSIC	stat		
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Eve	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stateme		
	TR	Y.	E		
MARGIN RESERVED FOR BINDING	KEN	TI	fied.		
JOI	MAR	AC	assi		
BIL	ER	EX	y c	ite.	
OR	AI	ted	oper	TION is very important. See instructions on back of certificate.	
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STATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	94
County Anne Arunde	1		Registration Dist. No. 24	
Village or City Crown		State Ho		Ward
Length of residence in city or town where d 2. FULL NAME	eath occurred		us. now long in U.S. If of loreign birth?ytsmos.	Gs.
(a) Residence: No.	OWSON,	Maryland of abode)	St., Ward. If nonresident give city or town and St	ate
PERSONAL AND STATISTI	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
s.sex female 4.color or race black		tRIED, WIDOWED, D (write the word)	21. DATE OF DEATH February 12th (Month) (Day)	193 2 (Year)
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of Unknow				caasad from
6. DATE OF BIRTH (month, day, and yaer)	868		lest saw h. er alive on Feb. 12th 1931;	death is sald
7. AGE Years Months 64 Unix	Deys	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	Date of onset
8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc	11. Total t	y Work ime (yaers) nt in this upstion	Chronic Interstitial Nephritis	
12. BIRTHPLACE (city or town) Mary (State or country)			Other Contributory Causes of importence: Myocarditis	
13. NAME Charles H.	Willia	ms		
14. BIRTHPLACE (city or town)	yland	0	Name of operation Deta of Was there en au'd	opsv?
15. MAIOEN NAME Priscil	la Golf	P. P.	23. If daeth was due to external causes (VIOLENCE) fill in also the following:	
15. MAIOEN NAME Priscil 16. BIRTHPLACE (city or town) Mary (State or country) 17. INFORMANT HOSpital Re (Address) Crowns V	cords	arvland	Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, OFMATION, OR REMOVACES	Can 9	114,1032	Manner of injury	
19. UNDERTAKED ALLUS OF STATE	tems	ide of	24. Was disease or injury in any way ralated to occupation of deceased? If so, specify (Signal)	/
20. FILEO 1	blanks are needed.	Registrar.	(Address) CLOWINVILLO TENTO)

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Example I	distribution of the state of th	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
Chronic interstitial nephritis	1910	Attack of epilepsy Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
28816			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. Ng. 1

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1. PLACE OF DEATH CDUNTY	Registration Dist. No.
Village or City RIVA	ND. St., Wat
Length of residence in city or town where death occurredyrs,	mosds. How long in U.S. If of foreign birth?yrsmosd
2. FULL NAME Elsie By	oks
(a) Residence: No. (Usual place of abode)	. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the	werd) 21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	20- 1 HEREBY CERTIFY, That Lattender deceased fro
(6) 4112 61	J26, /21 4193 - to 1/20 1 - 19.3 0
6. DATE OF BIRTH (month, day, and year May 18 193	I last saw h alive on 7 ; death is sa
7. AGE Years Months Deys If LES	
8 20 or	THE PRINCIPAL CAUSE OF DEATH and related causes of unbottence
8. Trade, profession, or particular kind of work done, as SPINNER,	A2 1 2 1 3
SAWYER, BOOKKEEPER, etc.	Ton Chart Thusanmy Justo
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date decessed last worked at 11. Total tune (years)	
O Date deceased last worked at this occupation (month and years) occupation occupation	
Jadi)	Dther Coatributory Causes of Importance:
12. BIRTHPLACE (city, or town) (State ozepuntry)	
13. NAME A COLOR TOWN) 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Data of What test confirmed diegnosist August Mas there an autopsy
15. MAIDEN NAME Dury Confort	23. If death was due to external causes (VIDLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country) Haylund -	Where did injury occur?
17. INFORMANT Jules Juvoks/ (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Jawa Son wille M. Date 16. 7.	19.5.7. Nature of injury.
19. UNDERTAKER AS TOUCK	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) Dowinsong ille M.	If so, specify
20. FILED 17 1932 Cearrie Ste	(Signed) Anest man Hay is
Desorthy Re	istrar. (Address) Draw Dupill wills

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 6	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial hephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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V. S. No. 1

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LAR	UNF upplie term e inst
	ITH Illy s plain
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•	-WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Exery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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STATE OF MA	ARYLAND—CERTIFICA	TE OF DEATH
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1. PLACE OF DEATH			97)	2		
County Anne Arunde	1		Registration Dist. No. 21			
Length of residence in city or town where d		yrs8_mos	O SDNb.tell St., St., Steph occurred in a hospital or institution, give its NAME instead of street and number of the course of			
	more, M	laryland	St., Ward. If nonresident give city or town and S	itate		
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	nate.		
3. SEX 4. COLOR OR RACE black	5. SINGLE, MAR OR DIVORCE M8	RIED, WIDOWED. D (write the word) TT1 e d	21. DATE OF DEATH 22nd (Month) (Day)	2 193(Year)		
5a. W married, widowed, or divorced HUSBAND of GOT WIFE of Edith E	er own		22. I HEREBY CERTIFY. Thet I attended decessed from June 19th 1931, to Feb. 22 1932			
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months 61 Unix	1871 Days nown	If LESS than I day,hrs. ormin.	to heve occurred on the dete steted above, at 1 P m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Det deceesed last worked at this occupation (month and second last worked).			Cerebral arteriosclerosis			
year)	sper	nt in this upation	Other Contributory Causes of Importance: Senility	?		
🖺 13. NAME Sam Brow	'n		-			
	th Caro	lina	Neme of operetion Dete of What test confirmed diagnosis? Wes there en ey	toney?		
15. MAIOEN NAME Ellie (16. BIRTHPLACE (city or town) Sout (State or country) 17. INFORMANT Hospital Electron (Address) Crownsville	Records	ina	23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?	, 19		
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Column Cember Fll. 25, 1932.			Menner of injury Neture of injury			
19. UNDERTAKER M/s Tola (Address) 720 6. 7	Smore	Resistrar.	24. Wes disease or injury in any way releted to occupation of deceesed? If so, specify (Signed) (Address)	14 M. D.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Service of Asket	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATE	TEMENTS BY H	PHYSICIAN
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N. B.-

V. S. No. 1

	(1297
PLACE OF DEATH	STATE OF MARYLAND
County (LCC)	CERTIFICATE OF DEATH
+ + Der Mid	Registration Dist. No. 20
Village or City Sould (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Kichasol,	Brown stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 - 2 7 - 3 2 192 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
lenknown. 1	2-27-32 192 to 2-27-3402
(Month) (Day) (Year)	that I last sew h Manalive on 2 27-3 192,
If LESS than I day	and that death occurred on the date stated above, at
47 yrs. mos. ds. or min.?	THE ONOS OF BOATTI Was as follows:
e OCCUPATION (a) Trade, profession or	
particular kind of work (b) General nature of industry	Lobor Meummed
business, or establishment in	(Duration) yrs. nos. ds.
which employed or (employer)	Contributory
(State or country of Roo. 14)	Secondary Quration) vrs. mos. ds.
10 NAME OF BERTHER	(Signed) Cot (Malaney, M.D. M.D.
11 PIDTHPI ACE	2-28.35 192 (Address) 35 Calvert Qual
OF FATHER (State or country) Race West	*State the Discase Causing Death, or, in deaths from by Violent Causes, state (1) Means of Injury and (2) Whether
of Mother Mary Clurall	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the
(State or country) (Cliff, WC)	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Charles Harris -	usual residence
(Address) 24 Church Cucle March	Marie Mayel Fel 29
15 Files Fel 28 1032 MM Clautor	20 UNDERTAKER ADDRESS
Aleg mal Registrar	alred. Harlevly Toloville
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Md.

(Approved by U. S. Census and American Public Health Association.)

er," etc., with laborer, laborer, Farm laborer, state occupation at beginning of illness. If retired from worked on may form part of the second statement. should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an Civil engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Nervant, Cook ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager." "Deal-Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term of yrs). without more precise specification as Day For persons (b) Automobile factory. The material Stationary fireman, etc. But in many Luborer-Coal mine, etc. Wom-Archilect, who have no occupation Salesman. Locomoline engineer

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria avoid use of "Croup"); Typhoid fever inever report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles tctunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of hard-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL sopticaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-(secondary (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Inanition, peritonoeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be " "Marasmus," "Old Age," "Shock," Committee on valvular heart disease; etc. The Nomenclature contributory (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

should state

stated EXACTLY. PHYSICIANS

AGE should be

mation should be carefully supplied.

of OCCUPA.

Exact statement

properly classified.

STATE OF MARYLAND—CERTIFICATE OF DEATH

(.	-6	0	0	63
0	1	6	J	0

1. PLACE OF DEATH	undel	(8)	
county week	1 24-	Registration Dist. No	
Village or City lunap	o he he	ND. St., f death occurred in a horpital or institution, give its NAME instead of street at	War
Length of residence in city or town where	deeth occurred yrsmo	sds. How long in U.S. If of foreign blrth?yrs	_mos d:
2. FULL NAME JAME	- berth !!	77 - 57	
(a) Residence: No Autor	(Usual place of abode)	St., Ward. If nonresident give city or town a	and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Luchan Lolor or RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH St. (Dey)	, 193 (Yeer)
a. If married, widowed, or €ivorced HUSBAND of (or) WIFE of		22. JI HEREBY CERTIFY, Thet I ettend	
. DATE OF BIRTH (month, day, and year)	36710-37	I lest saw h alive on	; death is sa
AGE Yeers Months	Days If LESS then 1 dey, hrs.	to heve occurred on the dete steted above, atni. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	1	were as follows:	Date of ons
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	kne	11 / 11	2.10
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	hone	JAW DINK	
Dete deceased lest worked at this occupation (month and year)	11. Total time (years) spant in this occupation		
2. BIRTHPLACE (city or town)	Paris year RALs	Other Contributory Causes of importance:	
(Stete or country)	And And	Mujhor	
14. BIRTHPLACE (city or town)	1 1 611		
14. BIRTHPLACE (city or town)	har har he	Name of operation	
(State of country)	Hout	What test confirmed diegnosis?	n au'opsy?
16. BIRTHPLACE (city or town)	10-21.1001	23. If death was due to external causes (VIOL ENCE) fill In also the follow	
16. BIRTHPLACE (city or town) (State or country)	gro- nenove	Accident, suicide, or homicide?	, 19
archie	Brown	Where did Injury occur? (Specify city or town, county and	
(Address) 241-3	Sarshort that	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC	PLACE.
B. BURIAL, CREMATION, OR BEMOVAL	5-1	Menner of Injury	
Plademepro belle		Neture of injury	
9. UNDERTAKER archie (Address) anny	Brown,	24. Was disease or Injury in any way releted to occupation of deceased?. If so, specify	
0. FILED 12 1932 }	raylo C. for cy 4/2.	(Signey) limbrane have	- M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis AR 7 1432	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURRAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TADDALLOTTILL	DAZIOL	1 010	T. O. LE T. T. T. T.	DITITION	17.7	T THE DIGITAL

V. S. No. 1

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	952)
County Ce, C.	Registration Dist. No.
Village or City Curry	No. St., Ward
Length of residence in city or town where death occurred vrs. mos	death occurred in a horpital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tate Bu	The
(a) Residence: No. 5 9 17 wat	St., Ward.
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemile Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (curic the word)	21. DATE OF DEATH Sec. 25 (Month) (Day) (Year)
Sa. If marited, widowed, or divorced HUSBAND of (or) WIFE of Will Buller	22. JHEREBY CERTIFY. That lattended deceased from
6. DATE OF BIRTH (month, dey, end year)	I last saw h elive on F the 23, 19.3 death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the dete stated above, at 1.30 m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, pioféssion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Mangaritial Transferring 25
4 9. Industry or business in which	My go counter of you
work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and year)	
12. BIRTHPLACE (city or town) St Musegretto (State or country)	Other Cantributary Canses of importance:
법 13. NAME	10
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Name Date of
(State of County)	What test confirmed diagnosis? Clinical A. Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
[16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
(Stete or country)	Where did Injury Occur? (Specify city or town, county and State)
17. INFORMANT A GAME BUILDER (Address) 5 9 12 SE	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Academic Date 746, 28, 1932	Manner of Injury
OBO O	Neture of injury
19. UNDERTAKER OF THE CONTROL OF THE	24. Was disease er injury In eny way related to occupation of deceased?
As a second second	(Signed) Thurs Marker M. D.
20. FILED TV 26 19 502 Fregistrar.	(Address) Lyma Joolin m.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting H. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULEAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARTEAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Unne Usundas	Registration Dist. No.
Village or City Slemburnie	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurred wrs	os. ds. How long in U. S. if of foreign birth?
2. FULL NAME Milliam Staris	row dock
(a) Residence: No. 31d low. Glen burn (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SPK COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED ("write the word)	21. DATE OF DEATH 36 (Month) (Day) (Year)
5a. I married, widowed, or divorced HUSBAND of	
(or) WIFE of	HEREBY CERTIFY That elended deceased from 1932 to Fell, 26 193
PATE OF BIRTH (most) described and land of the H 192,9	Hast saw have elive on Fel. 25, 1932 death is si
6. DATE OF BIRTH (month, day, and year)	to have occurred on the date steted above, at 640 Am.
5 0 79 2 2 1 1 day, hr	THE PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were es follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Disalithera c.
9 Industry or business in which	Funcial & Larynge
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occuration (month and	about 210,2
	of Tele
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or County all months)	Meneral 1 oyumin
(State or country)	- Lexhauston
13. NAME Milliam Stock	
14. BIRTHPLACE (city or town)	Neme of operation
(State of Country)	What test confirmed diagnosis all was there an au'opsy?
15. MAIDEN NAME Clis abety Marlin	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Clip abetty Marlin 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT LENGTH MIC (Address) Henburnie MC	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Bodan Hell Dete 2/26, 1932	Nature of injury
Millian D Charle	24. Wes disease or injury in eny wey related to occupation of deceased?
19. UNDERTAKER CHILICIAN OF CANAL (Address) Learn Caracia State	If so specify
(Address) Least wright Field 20. FILED 3/36 1933	(Signed) A Colombia M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.R.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N.B.

should state of OCCUPA-

1	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 0130	1
:	L PLACE OF DEA	ТН			<u></u>	_
/	County Anne	Arundel			Registration Dist. No.	
	Village or City	Annapol	is		No. 8 Revell St, death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
	Length of residence in	ty or town where de	ath occurred		t death occurred in a hospital or institution, give its NAIVIE instead of street and number) ds. How long In U.S. it of foreign birth?	ds.
	2. FULL NAME	Fanny W	ilkins	n Claude		
	(a) Residence No	8 Rev	ell (Usual place	of abode)	St., 2nd Ward. If nonresident give city or town and State	
	PERSONAL AN	D STATISTIC	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
		R OR RACE	5. SINGLE, MAR OR DIVORCE W1Q0	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 4 17 (Day) 1932	ar)
5a.	HUSBAND of (or) WtFE of Was	hington	Claude		22. LI HEREBY CERTIFY. That I attended decease 10 ,1932, to 10, 19	
				1860	I last saw h. alive on 7 17 19.32 death	in said
3	DATE OF BIRTII (month, da AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at _ 9 30 m.	13 3010
	71	3	12	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
N	8. Trade, profession, or p kind of work done, SAWYER, BODKKEE	erticular as SPINNER.	TT one or a series		Date	lonset
OCCUPATION	SAWYER, BODKKEE 9. Industry or business in		Housew	rite	Hurstural Us microse	of.
UP	work wes done, es SAW MILL, BANK,	SILK MILL.			Grue al henteuite 7	04
000	40 Data deceased last work this occupation (mo year)	nth and	spe	ime (years) nt in this upation		
12	. BIRTHPLACE (city or town)	Virg	inia		Other Coutributory Causes of importance:	Mayo
-	(State or country)				Sutratual Wheaver 9	3
HER	13. NAME Capt	. John W		on	tool of the	
FATHER	14. BIRTHPLACE (city or to (State or country)	own)Vir	ginia		Name of operation Date of 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	8
ER	15. MAIDEN NAME M	ary B. F	eachy		23. If death was due to external causes (VIOLENCE) fill in elso the following:	
MOTH	15. MAIDEN NAME Mary B. Peachy 16. BIRTHPLACE (city or town) Virginia (State or country)				Accident, suicide, or homicide?	
17	INFORMANT W. Cl (Address) An	ement Cl	aude,	Jr.	(Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.	
18	BURIAL, CREMATION, OR F	REMOVAL		. 19, 19 32	Manner of Injury	
19	UNDERTAKER Joh	n M. Tay nnapolis	lor		24. Wes disease er Injury In any Way releted to occupation of deceased?	
-			0	60	If so, specify Sure Tures	. M. D.
20	FILED 9 18	19.32	76 6.7	Registrar.	(Address) 1. Aug of the	. IVI . IJ .

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. N. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	ilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	8MR 7 1932	July 5,1927	Peritonitis	3 days ago	
	BUNGAL				
Other contributory cal	ises of importance:		Other contributory causes of importance:	31 3	
Gallstones	- 4	May 1,1923	Gastroenteritis	1 year	
			8		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Village or City.

CERTIFICATE OF DEATH 01302	
Registration Dist. No. 22	
ath occurred in a hospital or institution, give its NAME instead of street and number)	d
ds. How long in U.S. if of foreign birth?	s.
St. Ward.	
herig ton, AC If nonresident give city or town and State	er.
MEDICAL CERTIFICATE OF DEATH	
(Month) (Oay) (Year)	_
1 HEREBY CERTIFY. That I attended deceased fro	m
I last saw h 200 alive on Detruck ry 6, 1837; death is sa	ld
to have occurred on the date stated above, at 25 25 1/m.	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	t
acute Broceclutia James	>
1931	-
Other Contributory Causes of importance:	
I diver Epelepay. 5 yes	•
Name of operation Procee Date of	
What test confirmed diegnosis? Vegazial Anagonisthere an autopsy?	
23. If death was due to external causes (VIOLENCE) fill In also the following:	
Accident, suicide, or homicide?	
Where did injury occur? (Specify city or town, county and State) (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
- The state of the	
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased? Rec	
(Signed) Personell Bonnella, M.	0.
(Address) / Laure mo	

STATE OF MARYLAND—C 1. PLACE OF DEATH

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

20. FILED.

100

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ogo
Chronic interstitial nephritis'	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR: 7 1032			
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY PHYSICIAN
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V. S. No. 1

B.

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of infor-

of OCCU should

statement

S

1. F

2. E

3. SEX

5a lf n (0

6. DAT

7. AGE

OCCUPATION

FATHER

MOTHER

SAW MILL, BANK, etc.

12. BIRTHPLACE (city or town)

15. MAIDEN NAME

17. INFDRMANT ...

(Address)

(State or country)

(State or country)

Case r	eported ST	ATE C	Pureau OF MAR	of the Cens	CERTIFICATE OF DEATH ()1303		
	F DEAT				(167)		
County Anne Arundel					Registration Dist. No. 27		
Village or City Fort George G.Meade					NoSt.,Ward		
Length of re	sidence In city	or town where	death occurred	2 yrs 5 mos	f death occurred in a hospital or institution, give its NAME instead of street and number) s. 1 ds. How long in U.S. if of foreign birth?yrsmosds.		
ULL NA	ME L	ewis A.	Day				
(a) Reside	nce: No. Fo	ort Geo:	rge G.Mea (Usual place	de of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS				ICULARS	MEDICAL CERTIFICATE OF DEATH		
ale	4. COLOR OR RACE S. White			RRIED, WIDOWED, ED (write the word) ed	21. DATE OF DEATH February 7, 1932 (Month) (Day) (Year)		
narried, wido JSBAND of r) WIFE of	Bessi	e Darca	s Day		22. I HEREBY CERTIFY, That I attended deceased \$2000X on February 7 , 19 32, 18 , 201		
E OF BIRTH	(month, day,	and year) Jan	nuary 23,	1894	Hast saw him_alive on February 7, 19.32; death is said		
	ears	Months	Days	If LESS than	to have occurred on the date stated above, at 2:12pm.		
	38	0	15	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
Trade, profession, or particular kind of work done, as SPINNER, Officer SAWYER, BDDKKEPPR, etc.					Suicide by firearms. Feb 7-3 Gunshot wound of bead.		

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 3 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PERMANENT BINDING FOR N. MARGIN RESERVED

WITH UNFADING

PLACE OF DEATH County (A)	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 23
Village or City Nausva (No	St.: Ward) (If death occurred in a hospital or institu- tion, give Its NAME Is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 71. 4/3, 1932 - (Month) (Day) (Year)
© DATE OF BIRTH Dec 28, 1/896	17 HEREBY CERTIFY, That I attended the deceased from 1924 to 74 4 17 1982
(Month) (Day) (Year) 7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry (b) unique or establishment in	Chronic Myo corcletes.
Which employed or (employer) (usuapste Ma) 9 BIRTHPLACE (State or country) (CO. CO. MA)	Contributory acute Bronchetta Secondary (Duration) 718 mos de.
10 NAME OF FATHER Caya Disceled	(Signed) S. Bellingslee M. D. Jan J. (Address) The Burney . M. D.
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Piscase Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MNAMA OLEVICO 13 BIRTHPLACE OF MOTHER (State or County) Comments (State or County) Comments (State or County) Comments	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Address) Vaccourt Mal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Tornels lack Cerce Feb. 6, 1932
15 Filed Feb 5 132 Caldwell Noaduf	20 UNDERTAKED ADDRESS Bash. Mg

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (iestate occupation at beginning of illness. If retired from g: ged in domestic service for wages, as Servant Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons erihousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the Dis-EAL CAUSSING DEATH (the primary affection with respect to time and 'causation'), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,"

> "Qaceident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. carpolic acid-probably suicide. The nature of the injury, approved by Committee on telanus) may be stated under the head of "contributory." "Inanition," "Weaknoss," etc., when a definite disease "Ezhaustion," "Heart tanut," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway train "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all inges, perilonaeum, etc., Careinoma, Sarcoma, etc., oi...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; or intercurrent) Chronic valvular heart disease; etc. The affection need Nomenclature contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

or his Rulingilen

V. in No. 1

1. PLAC	E OF DEA	THE	F MAR	YLAND—	CERTIFICATE OF DEATH)
County		e Arunde	6]		Registration Dist. No. 34	
Village	or CityC		lle Sta	te Hospin	St., I death occurred in a hospital or institution, give its NAME instead of street and n	
					J. us. mow long in o.s.n of foreign mith:	5us.
2. FULL			Ob L. Do			
	esidence: No			nty Mary		State
		D STATISTI			MEDICAL CERTIFICATE OF DEATH	
male		a ck	5. SINGLE, MAR OR DIVORCEI Sing	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH February 26th (Month) (Day)	193 2 (Year)
5a. If married, HUSBANI (or) WIFE	widowed, or divo D of E of U	nkno wn			22. I HEREBY CERTIFY, That I attended of Sept. 19th 19 31 to February 2	
S DATE OF R	IRTH (month, da	v and vase)	1851		I lest saw h. im elive on Feb. 26th 19 32	
7. AGE	Years 81?	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3: 10P m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
9. Indust	profession, or pand of work done, wyer, Bookkee ry or business in ork was done, as two MILL, BANK,	articuler as SPINNER, PER, etc.	Farm la		General Arteriosclerosis	Date of onset
12. BIRTHPLA	deceesed last wo is occupation (mo ar)	nth and	11. Total ti spar occu	me (yeers) nt in this pation	Other Contributory Causes of Importance: Senility	?
	Chi PLACE (city or to tete or country)	IInkn	onovan, own	dead	Neme of operation Dete of Whet test confirmed diagnosis? Was there an a	uto neu?
	PLACE (city or to tate or country)	777	ecords.	ryland	23. If deeth was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	, 19
	REMATION, OR		Date 3/	3 ,1132	Menner of Injury	
19. UNDERTAR (Addre	ess)	P. Win Wafe	terode for	Supt.	24. Was disease or injury in any way related to occupation of deceased. If so, specify (Signed)	An D.
		If more	blanks are needed, a	ndiscis State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. Rogi. Marylan	d

CEDTICICATE OF DEATH

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-Example-I	and a	Example II	
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Chronic interstitial nephrilis ATT 0 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

item of infor-

of

STATE OF MARY	LAND-	CERTIFICATE OF DEATH (1305
1. PLACE OF DEATH		(53)
County Anne Arundel		Registration Dist. No.
Village or City Anna polis		No 6 Block Street st 1st word
	(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
	yrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Susanna Dorsey		
(a) Residence: No. 6 Block Street		St., 1St Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICI		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIE OR DIVORCED (write the word)	21. DATE OF DEATH 103 2
Demate Colored Widow 5a. If marked, widowed, or divorced	16	(Month) (Day) (Year)
HUSBAND of		22. C. I HEREBY CERTIFY, That I tlendad deceased from
Henry Dorsey		Mar. 1, 1931 10 Fet 3, 1932
6. DATE OF BIRTH (month, day, and year) Feb. 3rd.	1881	I last saw h alive on Tele 3, 1932; death is said
7. AGE Years Months Days	if LESS than	to have occurred on the date stated above, atm.
	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Housewif SAWYER, BOOKKEEPER, etc	20	1 21. 41
9. Industry or business in which		Careinence Perme
work was done, as SILK MILL, SAW MILL, BANK, etc		- purcess + requires
10. Date deceased last worked at this occupation (month and year)	n this	(Frimary real unknown)
12. BIRTHPLACE (city or town) Annapolis,		Other Coutributory Causes of Importance:
(State or country) Marylan	nd	Leneral Carrena Lagar
13. NAME George Richardson		metastir + Debelita
13. NAME George Richardson 14. BIRTHPLACE (city or town) Mary land		Name of operation Name Date of
(State of country)		What test confirmed diagnosis? Clinical Was there an autopsy? "
15. MAIDEN NAME Josephine Cook 16. BIRTHPLACE (city or town) Maryland (State or country)		23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Maryland		Accident, suicide, or homicide? Date of injury, 19
State or country)		Where did Injury occur?
17. INFORMANT Louise Stewart (Address) 6 Block Street		(Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	E+1 70	Manner of Injury
Place Brewer Hill Date Feb.	5th, 1952	Natura of Injury
19. UNDERTAKER John M. Taylor .		24. Was disease or injury in any way related to occupation of deceased?
(Address) Annapolis, Md.		If so, specify
thy 200	6 91	(Signed) 9- Willes Marles

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. No. 1.

Registrar.

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Chronic interstitial nephritis R 7 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURDAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01300
1. PLACE OF DEATH	(3)
County Anna Wrindel	Registration Dist. No.
Village or City Renburne	No. 3 die Voult St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) 7 9 ds. How long in U.S. if of foreign birth?yrsmosds
S de 00	10 10 10 10 10 10 10 10 10 10 10 10 10 1
2. FULL NAME Imma davall	
(a) Residence: No.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH P (Month) (Day) (Year)
HUSBAND of Carthur Suvall	22. HEREBY CERTIFY, That I attended deceased from
Selt-17 1866	liest saw her alive on 75 1932 death is sai
AGE Years Months Days If LESS than	to have occurred on the date steted above, at 125 p.m.
65° 4 29 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc.	Ch. mr. 1 Jan Mary 11 4 56
9. Industry or business in which	Chronic Milas Insufferey, whent 5 ge
9. Industry or business in which work was done, es SILK MILL At Same SAW MILL, BANK, etc.	
10. Date deceased lest worked at this occupetion (month and spant in this	
yeer) occupation	Other Contributary Causes of Importence:
BIRTHPLACE (city or town) Octen In Ind	
1 1/801	- chronit ordering repress, 3 4-
13. NAME (Millian of mman	
14. BIRTHPLACE (city or town) - Odenton md -	Name of operation Date of Date of
	What test confirmed diagnosis? Sympel Was there an au'opsy?
15. MAIDEN NAME Liza um arnolo	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Odenton Ma	Accident, suicide, or homicida?
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) Deenton ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece & dar Hul Date Tur 11, 1932	- Nature of injury
UNDERTAKER John F tomy (Address) 7'5 Lich	24. Wes disease or injury in any way related to occupation of deceased?
	(Signed) S. Bellingela M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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E	cample I		Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	1 week ago
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis,	MAR 1 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BUREAU V.	5. y		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER STATEMENTS BY PH	IYSICIAN

B

item of infor-

of OCCUPA.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	01307
EATH	(59)	

1. PLACE OF DEATH		(59)			
County Anne Arundel			Registration	Dist. No.	1
		No. 5 Martin S death occurred in a hospital or institut ds. How long in U.S. No.	tion, give its NAM		
2. FULL NAME James Drucilla	Elliott				
(a) Residence: No. 5 Martin (Usual place of		St., 1st Ward.	If nonresident	l give city or town as	nd State
PERSONAL AND STATISTICAL PARTIC	CULARS	MEDICAL CI	ERTIFICATE	OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARR OR DIVORCED MATE	(write the word)	21. DATE OF DEATH	FL (Month)	2 ¥	, 193 2- (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Elliott		22. LIHEREBY	CERTIF	Y That Intende	
6. DATE OF BIRTH (month, day, end year) June 18.	1873	I lest saw h_ alive on _	fo 1 2	3 19.5	death Is sai
7. AGE Years Months Days 59 8 12	If LESS than 1 day, hrs.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT were as follows:		es of importance	,
8. Trade, profession, or perticular kind of work done, as SPINNER. HOUSEWIT SAWYER, BOOKKEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 11. Total tin this occupetion (month end speni	e (years)	Ergrifel.	frech to 1- 0	Mh.	Date of once
12. BIRTHPLACE (city or town) Annapolis, Md (Stete or country)	pation	Other Contributory Causes of Impo	rtance:	1/h	Ass
13. NAME Henry Jackson		W. 90.707.43			175
13. NAME Henry Jackson 14. BIRTHPLACE (city or town) Annapolis, (State or country)	Md.	Name of operation What test confirmed diegnosis?			
15. MAIDEN NAME Fannie Brewer	ii.	23. If death was due to external cau			
16. BIRTHPLACE (city or town) Annapolis, (State or country)	Md.	Accident, suicide, or homicide? Where did Injury occur?			
17. INFORMANT John L. Elliott (Address) 5 Martin Street		Specify whether Injury occurred in		r town, county and S OME, or in PUBLIC F	
18. BURIAL, CREMATION, OR REMOVAL Place Saint Anne's Date Feb.	2 7 th, 32	Manner of injury		Δ	
19. UNDERTAKER John M. Taylor (Address) Annapolis, Md.	24. Wes disease or injury in any w	ay related to occur	pation of deceased?_		
20, FILED 9 2 6, 193 2 fray 6 e f	7 ce Ma Registrar.	(Signed) OL	u // u	my -	h.

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Example I	17 1000	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	A 4915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

CAUSE OF DEATH in plan terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. INFADING INK-THIS IS A PERMANENT RECORD. Every teem of infor-ARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE	OF DEATH	01308
1. PLACE OF DEATH	1 0	940		31
County Come Urus	del		Registration Dist. No	~ /
Village or City / ar Cov	<	No.	The state of the s	St., War
Langth of residence in city or town where death		death occurred in a horpital or institution	of foreign birth?yrs	
2. FULL NAME albin	Engelhar			
	nysenar			
(a) Residence: No. Tax Car	(Usual place of abode)	St., Ward.	If nonresident give city or	town and State
PERSONAL AND STATISTICAL	MEDICAL C	ERTIFICATE OF DE	ATH	
	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH	(Month) 36	, 193 2 -
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Elysbeth E 6. DATE OF BIRTH (month, day, end year) 7. AGE Yaars Months	Days If LESS than 1 dayhrs. ormin.	i last saw h law alive on to have occurred on the date state The PRINCIPAL CAUSE OF DEA' ware as follows:	ed abova, at 8 Hom.	19.32; daeth is s
8. Trade, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEPER, atc. 9. Industry or businass in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) 12. BIRTHPLACE (city or town)	11. Total time (years) spant in this occupation	Other Contributory Causes of imp	ortance:	5 0
(State or country) 13. NAME Jacob Eng	elhardt	-		Judg
13. NAME Jacole English 14. BIRTHPLACE (city or town) Jerry (State or country)	any	Neme of operation		Date of
15. MAIDEN NAME Herrett 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT day Johns. (Address) Tan Cove	23. If death was due to axternal ca Accident, suicida, or homicide? Where did injury occur? Specify whethar injury occurred in	Data of injur	y and State)	
18. BURIAL, CREMATION, OR REMOVAL PION Solly Commenting Da	te Feb 28 1932	Manner of injury		
19. UNDERTAKER John T. Sen (Addressy 715 Light S	inf	24. Was disaase or injury in any v	vay raiated to occupation of dace	eased? To
20. FILED 2 1 97 , 1997	Ag f tec Registrar.	(Signed) (Address)	the Bu	mia.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EXCENSE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No properly classiff (If death occurred in Ward) (No. St: hospital or institusion, give its NAME inetead of wnmber.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 1 COLOR OR BACE | 5 SINGLE, pe may be WIDOWED should OR DIVORCED (Write the word) That leattended the deceased BINDING S DATE OF BIRTH that instructions (Day) (Year) (Month) and that death occurred on the date stated above, at 0 7 AGE If LESS than (0) The CAUSE OF DEATH & was as follows: I day hrs. termsyrs......mos......ds..or.... min.? 99 8 OCCUPATION (a) Trade, profession or particular kind of work..... plain important. (b) General nature of industryyrs.....mos... Ш business, or establishment in i. which employed or (employer)..... Contributory Secondary 9 BIRTHPLACE (State or country) M 0 10 NAME OF (Signed) FATHER S 0 11 BURTHPLACE WZ ENT *State the Disease Causing Death, or, in deaths from state GAUSE OF FATHER Wholent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. (State or country 04 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 MOTHER n. ients, or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death ... yrs. . . mos. da. 0 00 00 (State or country) Where was disease contracted. if not at place of death?...... shoi usual residence.... (Informant) Every it Clans statemes DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER If more blanks are needed, address State Registrar, 16 W. Saratoga St., Bulto., Requestice V. S

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. sired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant. Cook, to report specifically the oec pations of persons enployed, as At school or At home. Care should be taken definite salary). may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. "pinner, (b) Cotton mill; (a) Salesman, (b) Grocery; chould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. Statement of Occupation Precise statement of oc-For many occupations a single word or Or Farm laborer, Laborer-At Home, and children, not gainfully emwithout more precise specification as Day -Coal mine, etc. Wom-But in many The material

Exacement of Cause of Death—Name, first, the distance causing death—(the primary affection with respect) to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic carebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobor pneumonia, Bronchopneumonia ("Pneumonia.")

head ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-acoident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, Suicidal, or Homicidal, State cause for which surgical operation was under "Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculoris of lungs, mon-Examples: Accidental drowning; Struck by railway vulsions," Chronic interstitial nephritis, etc. The contributory Nomenclature of the American Medical Association.) (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; 01 FOR VIOLENT DEATHS State MHANS OF INJURI "contributory." "Debility" ("Congenital," "Senile," etc.) (Recommendations on state-Example: Measles "Coma," "Con-"Haemor-Measics; (second-(disease (merely

Fig. 1. This certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Address)

18. BURIAL, CREMATION.

19. UNDERTAKER (Address)

OF

LION

WRITE mation

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ____ds. How long in U. S. if of foreign birth? _____yrs. ____mos. ____ ds. Every Length of residence in city or town where death occurred statement PHYSICIAN RECORD. Ward. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, PERMANENT 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY. That I attended deceased from (or) WIFE of 1 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Month: If LESS than to have occurred on the date stated above, at ... The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset 8. Trade, profession, or particular NO THIS kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. OCCUPAT may back ndustry or business in which pluods work was dona, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked et Lee uo 11. Total time (years) this occupation (month and spant In this instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Neme of operation. 14, BIRTHPLACE (city or tow plain (State or country) What test confirmed diagnosis? Was there an au'opsy? carefully MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOLENCE) fill In also the following: in 16. BIRTHPLACE (city or town (State or country) Where did injury occur? ... should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. very

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrat

Manner of injury

Nature of injury.

If so, specify (Signed)

24. Was diseese or Injury In eny way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory of	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

1	1	PHYSI.	od. Exac	1
	WITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	tem of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	lificate.
	ANENT R	be state	be prope	ent of OCCUPATION is very important. See instructions on back of certificate.
	A PERMA	E should	lat it may	ons on ba
	IS IS	lied. AC	ns so th	astructio
	INK-T!	ily supp	piain terr	t. See ir
	ADING	oe carefu	ATH IN	importar
	TH UNF	should k	E OF DE	IS VOLV
ı	LY, WI	rmation	te CAUS	PATION
)	PLAIN	of info	ould star	of occu
-	S.T.E	tem	sho	ent

1PLACE	OF	DEATH

County Anna Arundel

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 27

Р	PERSONAL A	ND STATIST	ICAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH
s sex		colored	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	Single	16 DATE OF DEATH , 192 , 192 , 1932 (Year)
6 DATE	OF BIRTH	Unknov (Month		, 1(Year)	17 I HEREBY CERTIFY, That I attended the deceased from October 29, 1931, to Feb. 7, 1932, 192 that I last saw him alive on Feb. 7, 1932.
7 AGE	17	yrs. plus	.mosds.	If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
partice (b) Go busine which	rade, professional value kind of value kind of value eneral nature ess, or establis a employed or (of industry	labore		Contributory
(a) Traparticum (b) Go busine which	rade, profession ular kind of veneral nature ess, or establis a employed or (of industry			(Duration) yrs. 3 9 ds Contributory Secondary (Duration) ors. mos. ds
(a) Tripartice (b) Gobusine which BIRTH (Str	rade, professional value with the control of the co	of industry nment in employer)			Contributory Secondary (Duration) (Signed) (Signed) 19B2 (Address)
(a) Trepartice (b) Gobusine which State (State Control of the Cont	rade, professional rader kind of veneral nature ess, or establish employed or (HPLACE ate or country) NAME OF FATHER	orkof industry nment in employer) Unknown y) !!			(Signed) (Duration) (Duration) (Signed) (Signed) (Address) (M. I. W. I.
(a) Triparticum (b) Go busineh which (State of State of S	rade, professional rade, professional radius energy and restablish employed or (https://www.maillen.com/rade) MAME OF FATHER BIRTHPLACE (State or country) MAIDEN NAME OF MOTHER BIRTHPLACE (State or Country) BIRTHPLACE (State or Country)	y) !!			Contributory Secondary (Duration) (Signed) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foremon, For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Doy For persons who have no occupation (b) Automobile foctory. The material -Coal mine, etc. Wom-(b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

carbolic acid-probably suicide. The nature of the injury tctanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage "Debility" ("Congenital," use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railwoy train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic Carcinoma, Sarcoma, etc., of etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

17

	CERTIFICATE OF DEATH 01312
1. PLACE OF DEATH	190
County a do, Co	Registration Dist. No. 2
Village or City Scolre	NoSt., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tous a Course Course	a) Garduer
(a) Residence: No. Scoreres MA	A St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SPX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) 3 2, 198 (Yeer)
HUSBAND of (or) WIFE of	22. THEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Hast Saw h. En alive on feb 33 10, 193 7 death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
SAWYER, BOOKKEEPER, etc.	Chonic Interstchal Hypertion 1
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Certain Scherosis July
10. Date deceased last worked at this occupation (month and yaar) yaar) coupation	Ist you carde tis
1.44.11.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Common State or country) Common State or country)	Ecclose hammhage & day
13. NAME OWN Jurduer 14. BIRTHPLACE (city or town) USG	
4. BIRTHPLACE (city or town)	Name of operation Date of
(Stata of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME MULLY M. DUNLY 16. BIRTHPLACE (city of town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) U U U	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT M. M. Shaff 4	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place two de hop Celebra Chylo, 1932	Natura of injury
19. UNDERTAKER WELLS JOSEP	24. Was diseasa or injury In any way related to occupation of deceasade
3-24 5 10	If so, specify (Signed) M.D. M.D. M.D.
20. FILED 7. 4, 19.03 Refujitas	(Address) January Sal
If more blanks are needed, address State Registrar.	2411 N. Charles Street Baltimore Properties 71 S No -

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ogo
BURRAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	in day
Gallstones	May 1,1923	Gastroenteritis	1 yeor

	infor-	state	UPA-
	m of i	plnor	D)
	ite	7	Jo
/	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of QCCUPA-
	RD	IYS	sta
	RECC	7. PF	Exact
5	ENT	(L)	ed.
MARGIN PEDENTED FOR DINDING	MAN	XACT	classifi
70	PEF	M	·ly
FOR	IS A	stated	proper
j	HIS	be	pe
LVL	X—TI	plnor	may
20	Z	E sl	it it
4	NG	AG]	tha
NI I	ADI	d.	8, 86
TAR	UNF	upplie	term
1	ITH.	ully s	plain
	1	ref	I in
	MINLY	be ca	EATH
	PL	onlo	F I
	TE	n sh	E C
	-WRI	mation	CAUS

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH 01313

	1. PLACE OF	DEATH			92-0	
	County A	ne Arundel			Registration Dist. No.	
	Village or City	y Crownsvil	le Stat	e To spita		Ward
	Length of reside	ence in city or town where d	eath occurred] (II	death accurred in a horpital or institution, give its NAME instead of street and n	
	2. FULL NAM	777	Green		in the state of th	3
				That Cour	atyst, Marywarand	
	(a) Residence	:: NO	(Usual place	of abode)	If nonresident give city or town and	State
		L AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
1. SEX female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)				D (write the word)	21. DATE OF DEATH February 8th (Month) (Day)	193
5a	. If married, widowed HUSBAND of (or) WIFE of	l, or divorced Unknown			22. I HEREBY CERTIFY, That I attended of February 1st 1921 to Feb. 8th	leceased from
6.	DATE OF BIRTH (m	onth, dev. and veer)	1882		I last saw h. G.P. alive on February 8 19 32	
-	AGE Years	Months	Deys	If LESS than	to have occurred on the date stated above, at 4: 20P m.	
	50	Un	known	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
NO	8. Trade, professi kind of wor	rk done, as SPINNER,	House	wonle	Mitral insufficiency	I yr
OCCUPATION	SAWYER, B	SOOKKEEPER, etc Isiness in which	nousa	WYA A.		
CUP		lone, es SILK MILL, BANK, etc				
0	10. Date deceased this occupa	tion (month end	sp3	ime (years) ntin this upation		
-		7.5	ar /land	upation	Other Contributory Canses of importance:	
12	2. BIRTHPLACE (city (State or country)	01 (01111/	ar /rand		Mental Deficiency with a psychosis	9
ER	·13. NAME	Isaac Ni	xon			
FATHER	14. BIRTHPLACE (city or town).	yland		Neme of operation Date of	
_	(State or co		T Fro 3	,	What test confirmed diagnosis?	ulopsy?
HER	15. MAIDEN NAMI		Unknown	1	23. If death was due to externel causes (VIOLENCE) fill in elso the following	
MOTHER	16. BIRTHPLACE (city or town)	<i>J</i> land		Accident, suicide, or homicide? Date of injury	, 19
_	(State of C		a a a m d a		Where did Injury occur? (Specify city or town, county and State)
17	(Address)		ecords	land	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL					Manner of injury	
	Place _// Q	phy mo	Date YUV	-14.1932	Nature of Injury	
19	. UNDERTAKER	110mman	Mai	if all	24. Was disease or injury in eny way related to occupation of deceased?	
3	(Address)	of stan	ch ach	ay	If so, specify	**
20	FILED THE	1932	myhe	Registrar.		5-M. D.
-		76		Acgmran.	(Address) POLES VI-1-10	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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-Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

item of infor-

STATE OF MARYLAND	CERTIFICATE OF DEATH 61314
1. PLACE OF DEATH	
County A	Registration Dist. No.
	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmo	ds. How long in U. S. if of foreign birth?yrsmos ds.
2. FULL NAME Milliam A Tre	eu.
(a) Residence: No. Daved Den Ille (Usual place of abode)	USt., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divocced HUSBAND ot (or) WIFE of	1 HEREBY CERTIFY, That I attended doceased from
6. DATE OF BIRTH (month, day, end yeer) Luce 8Th 1919	t lest saw hair alive on Falls 13 1937; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at 0.371m.
/2 8 /2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER.	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which	pareplie) lugure your
work wes done, es SILK MILL, SAW MtLL, BANK, etc.	The first of the state of the s
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MtLL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation.	Toliplipus'
12. BIRTHPLACE (city or town) A A A A A A A A A A A A A A A A A A A	Other Contributary Causes of Importance:
13. NAME / Illinia H. Streen	
13. NAME Allein H. Streen 14. BIRTHPLACE (city or town)	Name of operation. Date of
(State or country) Maryland	What test confirmed diagnosisty land hours. Was there an auloga 122
15. MAIDEN NAME Kachel Sopher 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
(Stele or country)	Where did injury occur?
17. INFORMANT War & Steen My (Address) & Dicident le My	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Places a de donnille Majorte 2 -16 1937	Nature of injury
19. UNDERTAKER Social Coxtile Mil	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Feb. 16, 1932 Coarrie Suit.	(Signed) Alexander Som Yelle Miss
If more blanks are seeded, addres State Registrar	1, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	A Participation of the Control of th	Example II		
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Cerebral hemorphage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	for-	state	PA-	
	em of in	should	TOO J	
/	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
1	ECORD.	PHYSI	cact stat	
5	VENT R	TLY.	fied. Ex	
DINDL	PERMAN	EXAC	ly classif	ate.
LOE	SISA	e stated	proper	certifica
MARGIN RESERVED FOR BINDING	K-THI	should be	t may be	back of
N PER	DING IN	AGE	se that i	ctions or
MARGI	UNFAI	supplied.	terms,	ee instru
	, WITH	refully s	I in plair	tant. Se
	LAINLY	ald be ca	DEATH	ry impor
٥	RITE P	tion shor	USE OF	ON is ve
	I. BW	ma	CA	TION is very important. See instructions on back of certificate.
	4			

STATE OF MA	RYLAND-CE	ERTIFICATE C	OF DEATH	61315
E OF DEATH	-	121	Registration Diet No.	2./

1	L PLACE OF	DEA	гн	The state of		(13)	
	County	Alme	Ar inde			Registration Dist. No. 2/	
	Village or Ci	ity	Çrown sv	rille St	ate Hosp		d
	Langth of rasio	lence In ci	ty or town where d	noth convered		If death occurred in a horpital or institution, give its NAME instead of street and number) os	
						US. HOW long in 0.5. If of foreign duting 1915.	5.
	2. FULL NAM			Greene			
	(a) Residence	ce: No	175777	(Usualplace	of abode)	St., Ward. If nonresident give city or town and State	-
prostos	PERSON	AL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	-
	sex male		R OR RACE		RIED, WIDOWED,	21. DATE OF DEATH February 12th (Month) (Dey) (Yeer)	-
5e.	. If merriad, widowe HUSBAND of (or) WIFE of		Jnknown			22. I HEREBY CERTIFY. Thet I attended deceesed fro October 28th 19 32 to Pebruary 12,9 3	2
6.	DATE OF BIRTH (month, de	y, and year)	1886		I lest sew h_im_alive on Feb. 12th	id
7.	AGE Yeer		Months	Deys	If LESS than	to heve occurred on the date steled ebove, etm.	
		56	Ur	lano wn	1 dey,hrs. ormin.	wera es follows:	
N	8. Trede, profes	sion, or pe ork dona,	erticular as SPINNER, PER, etc	Tohonor		Chronic interstitiel	
OCCUPATION	9. Industry or t	ousiness in	which	Laborer		nephritis 6 mo	S
UP	work was	done, as S L, BANK, o	SILK MILL,				-
ö	10. Data decease		ked at	11. Totel ti	me (years)		
	yeer)			occu	petion	Other Contributory Causes of importance:	
12	BIRTHPLACE (cit		Sol	ith Caro	lina		
00	(State or coun	Hen:	nir Chaar	ne, dead		_	
FATHER	13. NAME	Hell.		ith Caro			
FAI	14. BIRTHPLACE (Stele or		wn)	TOU DOLG	T T 11G	Neme of operation Deta of	
2	15. MAIDEN NAM		Eliza	Unknown	i) dead	What test confirmed diagnosis? ——————— Wes there an eulopsy? ————————————————————————————————————	
MOTHER			301	ith Caro	line	23. If deeth was due to externel causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?	
¥	(Steta or		WH)₩£У23.	A9.U MMA.N	-h-++51	Whera did injury occur?	
17.	. INFORMANT (Address)		pital Re	cords le . Mar,	Le nd	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18	BURIAL, CREMATI			- 1		Manner of injury	
	Plate De	pt.	emelas	Dete	1313.2	Nature of injury	
19	. UNDERTAKER	Dr	P. PWZ	Merod	e Buph	24. Wes disease or injury in any way related to occupation of deceased?	-
	(Address)		wa	lesburg	24	If so, specify	
20.	FILED 1	13	32	8 mg	Media	(Signed) M.	D.
				K	Registrar.	(Address) Chownsville, Maryland	

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
DUT U				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1	STATE OF MA	RYLAND-	CERTIFICATE OF DEATH 013	116
1	I. PLACE OF DEATH			
	County		Registration Dist. No.	0
	Village or City Davi	down vill	Q. NoSt.,Step	Ward
	Length of residence in city or lown whore deeth occurred			
2	2. FULL NAME John hi), lliam,	Frimes Sr.	
	(a) Residence: No. Arado (Usual)	on ville	St., Ward. ff nonresident give city or town and St	ate
	PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
	M GR DIVO	MARRIED, WIDOWED, PRCED (write the word)	21. DATE OF DEATH 25 (Month) (Day)	93 (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	Grines	22. I HEREBY CERTIFOY, That I ettended de	ceased from
6.	DATE OF BIRTH (month, day, and year) afril	1012 1854	liast saw him alive on \$26. 18th, 1932;	death Is said
7	AGE Yeers Months Days		to have occurred on the date stated obove, at	
	78 10 15	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as tollows:	Date of onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BODKKEEPER, etc	u,		Fru. 15= 32
၁၁၀	Date deceased last worked at this occupation (month, and	spent in this ay down		
12.	BIRTHPLACE (city or town) (State or country)	and ?	Diher Contributory Causes of Importance: Anderic Declarosis	3 yeurs
ER	13 NAME /Illiam Frigne			
FATHER	f4. BIRTHPLACE (city or town)	and	Name of operation	20
2	15. MAIDEN NAME	1 /400	What test confirmed diagnosis? Market Market Was there an aution 23. If death was due to external causes (VIOL ENCE) fill in also the following:	opsy?
MOTHER	f6. BiRTHPLACE (city or town) (State or country)	and,	Accident, suicide, or homicide? Date of injury Where did injury occur?(Specify city or town, county and State)	
	(Address) Davidon	lle	Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE	L
18.	Place are son rille Md Date 2	27 32	Manner of Injury	0
f9.	UNDERTAKER Blag. L. Hoffs (Address) Asmapalis	ing-	24. Was disease or injury in any wey related to occupation of deceesed?	20
20.	FILED. Fieb 25, 1922 Carrie	Bely Registrar.	(Signed) Austina Hay is M.	, M. D.
,	If more blanks are hees	ded. address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial north lis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAR 7 19.2	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

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NG	HIS IS A PERMANENT RECORD	be stated EX.
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PLACE OF DEATH

County Anne Arundel



STATE OF MARYLAND CERTIFICATE OF DEATH

Male Colored		PERSONAL AND STAT	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Unknown (Month) (Day) (Year) If LESS than Iday hrs. Iday hr			MARRIED. WIDOWED. OR DIVORCED	February (Month) 27 (Day) 1932 (Year
If LESS than I day hrs. Age	6 0	Unk		Dec. 7, 1931 192 Feb. 27, 1932192
Pulmonary Tuberculosis Pulmonary Information Pulmonary Pulmonary Information Pulmo	7 /	AGE	If LESS	than and that death occurred on the date stated above, at 4 . 20 . hrs. The CAUSE OF DEATH * was as follows:
Signed (State or country) Signed (Signed)) (d d d d d d	a) Trade, profession or particular kind of workb) General nature of industry pusiness, or establishment in		(During)
Signed) Signed	_	BIRTHPLACE (State or country)		Contributory Secondary
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, To ients or Recent Residents) At place of death yrs		10 NAME OF		(Signed) LRoy Wright
OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant August March 19 PLACE OF BURIA) OR REMOVAL 19 PLACE OF BURIAD OR REMOVAL DATE OF BURIAD OR REMOVAL		11 BIRTHPLACE		
At place of death	Z		11	Violent Causes, state (1) Means of Injury and (2) Whether
(Informant) (Info	ARENT	(State or country) 12 MAIDEN NAME OF MOTHER		Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, To
	ARENT	(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	11	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents) At place of deathyrs

If more bianks are needed, addresa State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Never rcturn", Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, (b) Automobile factory. The For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman. For persons who have no occupation (b) Grocery; The quesmaterial

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. Chronic interstitial nephritis, "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "Inanition," "Marasmus," "Old Age, " "Shock," approved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the " "Weakness," etc., when a definite disease cough; for which surgical operation was under-"Congenital," "Senile," etc.), "Dropsy, Chronic Example: Measles (disease etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1:-		0	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every it	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement o	
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15. MAIDEN NAME

17. INFORMANT.

19. UNDERTAKER (Address)

20. FILED ...

(Address)

(State or country)

18. BURIAL CREMATION, DR REMOVAL

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16. BIRTHPLACE (city or town) ____ Ce. arais

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Aline arundel County Registration Dist. No. Crownsville State Hospital Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence in city or town where death occurred. ___ds. How long In U. S. If of foreign birth?_____vrs. ____mos. ___ds. Rollie Hevwood 2. FULL NAME Baltimore City Hary stand (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) February male black divorced (Month) 5a, 1f married, widowed, or divorced HUSBAND of Unknown HEREBY CERTIFY. That I attended deceased from (or) WIFE of 1893 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months If LESS than Days to have occurred on the date stated above, at ____ 39 1 dayhrs. Unkino wn The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. were as follows: Date of onset 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.... OCCUPATION Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc.... 10. Data deceased last worked at this occupation (month and 11. Total time (yaars) yaar) _____ occupation_ Other Contributory Causes of Importance Georgia 12. BIRTHPLACE (city or town) ____. (State or country) Dead FATHER 13. NAME Georgia 14. BIRTHPLACE (city or town) Name of operation (State or country)

What test confirmed diagnosis? _____ Was there an aulopsy?. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?

Whera did Injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE

Manner of Injury Nature of Injury

ralated to occupation of deceased? If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	and the state of t	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Resistrar.

Hast saw him alive on Feb. 25th to have occurred on the date stated above at 10: 30P . M. The PRINCIPAL CAUSE OF DEATH and releted causes of importance Date of onsat 36 hr

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE

24. Wes disease or injury in any way related to occupation of deceased?

(Signed)

(Address) ... If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.9 Mar ylend

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Example I	a a section	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUKEAU			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 yeor

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	County: Anne Arundel Village or City Crounsville State Mosoita					Registration Dist. No.	/	
	Village or	City Co	Mansvil	le Stat	₇₇ (1	death occurred in a hospital or institution, give its NAME instead of street and n		
	Length of res	sidence in city	or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmo	S(
2	. FULL NA	ME						
	(a) Reside	nce: No	Bal	tinore (Usual place	ler slande	St., Ward. If nonresident give city or town and	State	
roll-di	PERSO	VAL AND	STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
	na le		or race		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH February 15th (Month) (Day)	, 193 2 (Year)	
5a.	If married, wido HUSBAND of (or) WIFE of	wed, or divor	ced —			22. HEREBY CERTIFY, That tattended decea Nov. 9th 19 21 to Peb. 15th		
6. I	DATE OF BIRTH	(month, day,	and year)	1864		The state of the s	; death is s	
7. /		ars	Months	Oays Imo wn	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 12:05m. P. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of ons	
OCCUPATION	9. Industry or work was SAW MI	business in as done, as SI LL, BANK, et sed tast work upation (mon	LK MILL, c	sp.	time (years) ent in this cupation & NQ	Other Contributory Causes of importance:		
m l	(State or cou		17 0 11022	Tama	2 2			
FATHER	13. NAME 14. BIRTHPLAC (State of		llover vn) Unit	James, own	aesa	Name of operation		
ER	15. MAIDEN N		arah (Unlmo wn) dead	What test confirmed diagnosis? Was there an a 23. If death was due to external causes (VtOLENCE) filt in also the following		
MOTH	16. BIRTHPLACE (city or town) Unlong wn (State or country)					Accident, suicide, or homicide?		
	(Address) BURIAL, CREMA	Cr	oital R	lle, Ma	rylend	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	.CE.	
10.	Place Place	unel	Cemel	cypate //	1/32	Manner of injury Nature of injury		
19.	UNDERTAKE	a pl	0.06.0	feollo	Thank	24. Was disease or Injury in any way related to occupation of deceased)		
	(Address)	PC	11000	700	7		4	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAG 7 1932				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Y. PHYSICIANS should state Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be TION is very important.

ST	ATF	OF	MARYI	AND-CERTIFICATE OF DEATH
91		VI	MUNICIE	AND CENTILICATE OF DEATH

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V	1	0	4	1

:	1. PLACE OF DE	ATH Arundel			34)	1
	County		le Stat	e Hospita	Registration Dist. No.	Ward
				(1)	f death occurred in a hospital or institution, give its NAME instead of street and its	number)
:	2. FULL NAME	Ch	arles J	ohnson		
	(a) Residence: No.	36	linore	Marglan	nd St., Ward. If nonresident give city or town and	· · · · · · · · · · · · · · · · · · ·
er minus	PERSONAL A		The second secon		MEDICAL CERTIFICATE OF DEATH	Siale
-	sex 4.co	lor or race black	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED,	21. DATE OF DEATH February 13th (Month) (Oay)	, 193_2 (Year)
5a.	. If married, widowed, or d HUSBAND of (or) WIFE of	ivorced — —			22. I HEREBY CERTIFY. That I attended Feb. 18th 1932 to Feb. 13	
6.	DATE OF BIRTH (month,	day, and year)	1905			; death is said
7.	AGE Years	Months	0ays	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 8:50P.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
OCCUPATION	8. Trade, profession, or kind of work don SAWYER, BOOKK 9. Industry or business work was done, e SAW MILL, BANI	parlicular ne, as SPINNER, EEPER, etc in which as SILK MILL.	Labor	er	Cerebral spinal syphilis (autopsy findings)	Date of onset
000	10. Oate deceased last very this occupation (region)	worked al month and	SD3	time (years) nt in this upetion		-
12	. BIRTHPLACE (city or tow (State or country)	n) Virg	inis		Other Coutributory Causes of Importance: Lues	??
ER	13. NAME J	ohn Henr	y Johns	on		
FATHER	14. BIRTHPLACE (city or (State or country	10111/	inia		Name of operation Oate of Whet test confirmed diagnosis? Was there an a	outopsy? Xe s
TER	15. MAIDEN NAME	Julia	Smith		23. If death was due to external ceuses (VIOL ENCE) fill In also the following	:
MOTHER	16. BIRTHPLACE (city or (State or country	1)			Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State	(e)
17	. INFORMANT (Address)	Hospital Crovns		S Mer /le nd	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PL	ACE.
18	BURIAL, CREMATION, OF	A BEWOOD TO		8. 3,2	Manner of injury	T.A
19	UNOERTAKER D_ (Address)	K. P. While	walerb	for	24. Was disease or injury in any way related to occupertion of deceased?	
20	FILEO 7/18	, 132	Polo	Registrar.	(Signed) (Around ville, Marylan	acto.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. D.	:		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state OCCUPAitem of infor Jo PHYSICIANS WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every Exact statement stated EXACTLY. properly classified. certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be See instructions on back of mation should be carefully supplied. TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	107-0
County a - U	Registration Dist. No.
Village or City Brown' Woodo.	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2 FILL NAME ESSELLA TYEAN Lohns	
I TOLE NAME.	V - V
(a) Residence; No. (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Tubruary 25, 193 2, (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERT1FY, That I attended deceased from
(0) 1112 01	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) 11 Dy 28, 1896	I last saw h; death is said
7. AGE Years Months Oays If LESS than 1 day,	to have occurred on the date stated above, atm.
and and work to dell ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Broncho Preumorna
SAWYER, BOOKKEEPER, etc	oue day duration
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	The stry surrains
10. Oate deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Frowns Wood (State or country) Q - Q - Co - Md	7
vI 0-10 1 1 1	andto Proyolitio and week
I I I I I I I I I I I I I I I I I I I	3.
(State or country) Q Q - Co Md,	Name of operation
15. MAIDEN NAME BELOW & Stones bury	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Prowns Words	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country) Q Q C Md	Where did injury occur?
17. INFORMANT Ridgly Johnson (Address) Broons wood und	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place From A NECK Cent Oate 2 - 28 , 1982	Manner of Injury
19. UNDERTAKER & H B Parker SI (Address) 47 Was hinglon SI	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Trest 28, 1932 July 4 C. J. Registrar.	(Signed John Wanderson J. P. Oching Ro Coroner M. D. (Address Lourt House anafolis Mel

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Judge andward.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II	
death and related causes follows:	Date of onset 1 week ago
	1 week ago
	3 days ago
ses of importance:	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

		OF MAR	YLAND-	-CERTIFICATE OF DEATH 61323
1. PLACE OF DE				(3)
County Ann				Registration Dist. No. 🗸 /
Village or City	Crownsv	ille Sta	ete Hospi	
Length of residence In	city or town where	deeth occurred_8_	(If yrs. 4 mos	If death occurred in a hospital or institution, give its NAME instead of street and number) s. 8 ds. How long in U.S. if of foreign birth?
2. FULL NAME		ge Jones		
(a) Residence: No.	Balt	imore, I	Maryland	St., Ward.
		(Usual place	of abode)	If nonresident give city or town and State
PERSONAL A				MEDICAL CERTIFICATE OF DEATH
male bla	eck		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH February 23rd (Day) (Year)
5a. If married, widowed, or di HUSBAND of (or) WIFE of	Unknow	n		22. f HEREBY CERTIFY, That I attended deceased from Oct. 15th 19 23 to Feb. 23rd 19 32
6. DATE OF BIRTH (month,	day, and year)	1891		I last sew h im alive on Feb. 23rd 1932 death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 4:40P_m.
41	Un	known	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Industry or business work was done, a SAW MILL, BANH 10. Date deceased last withis occupation (nyear)	as SILK MILL, K, etcworked et month and	spar	ime (years) nt in this upation	Other Contributory Causes of importance:
(State or country)	Robert (unknown		
13. NAME 14. BIRTHPLACE (city or (State or country)	rtown) Unk	cnown		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	212	Harris		23. Il death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or (State or country)	r town)	kno wn		Accident, suicide, or homicide?
	To spital	Records Le. Mary		(Specify city or town, county and State) Specily whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR	REMOVAL	Date 2/2/	1	Manner of Injury
fg. UNDERTAKER (Address)	R. P. Win	ling of	Reph.	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED. 2-/ 27-	, 1932	8 DY	Registrar.	(Si ned) Crownsville
	If more	blanks are needed, o	iddress State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. ?. METYLO MIC

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "en

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		L	

No. 1.

vi

N.B

Village or City Down Nolle	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 20 St.: Ward) If death occurred in hospital or institu-
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than I dayhrs. yrsmosds. ormin. ?	medical gertificate of Death Medica
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE (State or country) 14 THE ABOVE IS TRIVE TO THE BEST OF MY KNOWLEDGE (Address) (Address) 15 Filed 2124 1982 Carriel Little 16 17 18 18 1982 Carriel 1982 Carriel C	Contributory Secondary (Signed) (Address) (Address
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requestiver V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

maatever, write None. bus ness that fact may be indicated thus: Farmer (re state occupation at beginning of illness. If retired from or given up on account of the msease causing death, gaged in domestic service for wages, as Screant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Gracery; should be used only when needed. As examples: (a) ac litional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter Housemaid, etc. If the occupation has been changed to report specifically the oec pations of persons enlaborer, Farm laborer, Laborerworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many cupation is very important, so that the relative healthtion applies to each and every person, irrespective of fulness of various parsuits can be known. The ques-Statement of Occupation-Precise statement of oc 3d 6 yrs.). For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day who are engaged in the For persons who have no occupation -Coul mine, etc. Womduties of the

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

head Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the can be ascertained as the cause. Always qualify all symptomatic). "Atrophy." "Collapse," "Coma." causing death). 29 ds.; Bronchopneumonia ment of cause of death approved by ture of the injury, as fracture of skull, and conse-Poisoned by carbol's acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or State cause "Puerperal septicuemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weakh. s.." ctc., when a definite disease rhage," "luanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustica." "Heart failure." "Haemor vulsions," conditions. ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Meastes Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valentar heart discuse; of "contributory." .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Semile." etc.), such as "Asthenia." for which surgical operation was under-Carcinoma, Sarcoma, etc., of (R commendations on state-"Апаеттів" Struck by railway Committee Meashes; (second-(disease (merely "Con-

If this certificate is looked over thoroughly and all questions answered in (etali, it will prevent further correspond ence. All the data's essential and must be obtained before the certificate is permanently filed

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1325
1. PLACE OF DEATH	92-0)
County anne arundel.	Registration Dist. No. 2 3
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Heram S. Kelley -	
(a) Residence: No. / damans / md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Macle. 4. COLOR OR RACE OR DIVORCED (write the word) Macle. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Masses 1.	21. DATE OF DEATH 74.26. (Month) (Day) , 1987. (Yeer)
HUSBAND of (or) WIFE of Mrs. Rose Kelley:	22. I HEREBY CERTIFY, That I attended deceased from 1930, to 74 26 1932
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw h. Lett. alive on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and language) 11. Total time (years) and the spent in this spent in this	Hemorrhage in Al Brain Du. 22.
12. BIRTHPLACE (city or town) Q.Q. L. M.J. (State or country)	Other Contributory Causes of importance: Chaine's Valrula Dissan 9 18 Hay Not. 13
13. NAME Herron Keeley.	
13. NAME Hagron Reelity. 14. BIRTHPLACE (city or town)	Name of operation Dete of What test confirmed diagnosis? Symptom Was there en eulopsy?
15. MAIDEN NAME Masquat Benson. 16. BIRTHPLACE (city or town) a. Q. Co. mag. (State or country) 17. INFORMANT Eg Sert Kelley. (Address) Hangay. mad.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Francishes Cent. OGG Date Fet 28 , 1932	Manner of injury
19. UNDERTAKER Um. Lecknes & Son. (Address) Back nd.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 9/27 , 1953 Nongy Registrar.	(Signed) Address) Sellings M. D. (Address) Sellings M. M. D. 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Lan

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND	CERTIFICATE OF DEATH (1326
1. PLACE OF DEATH	946
County a. a.	Registration Dist. No. 27
1/	No. / 9 3 Security St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmo	sds. How long in U. S. If of foreign birth?
2. FULL NAME mary. Um.	Tecci.
(a) Residence: No/93 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the ford)	21. DATE OF DEATH Fel. 20 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elheridge /Yeur	22. I HEREBY CERTIFY. That I attended deceased from Feb. 19, 1932, to Feb. 20, 1932
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days If IFSS than	I last saw h_est_alive on Feb 20, 1932 death is said
79 / // lday,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or perticular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this preparation (month) and	Caranary Mambasse 719/
10. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Oceganiae (State or country)	Other Contributory Causes of importance: Tener al arleno seluoses Hub
13. NAME Elifa Chanal	
13. NAME Elifa Chanal 14. BIRTHPLACE (city or town) (State or country) 13. NAME STATEMENT OF THE CHANAL (State or country)	Name of operation
15. MAIDEN NAME Lig abelle Beoch	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Ofcionice	Accident, suicide, or homicide?
17. INFORMANT Edwarf B. Kent (Address) Eagliport a. c. 60 m	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR DEMOVAL Place Coldan Bluff Date Feb 22, 1932	Manner of injury
19. UNDERTAKER 3 Thopforms (Address) Some charles	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 9 18 3 2 , 19 12 9 27 6 6 , 907 en 26	(Signed) IN Mus Martin M. D. (Address) Anna Colio M. D.
If more blanks are needed address State Persistence	N Chala Sant Police Part St. S. M. S

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.S.			The state of the s	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	
DEATH			

1	. PLACE OF DEAT	IAIL O	r MAN	LAND	CERTIFICATE OF BEATH	327
1	A	ne Arund	el		Registration Dist. Np. 27	1
	,	Crownsvi		te Hospi	4 7	Ward
	Village Dr City	PLOMISAT			\$1.,St.,	
	Length of residence in cit	y or town where de	eath occurred	yrsmos.	ds. How long in U.S. if of foreign birth?mos	sds.
2	. FULL NAME	Loseph	ı Legree)		
	(a) Residence: Np	Baltimo	re City (Usual place		St., Ward. If nonresident give city or town and S	State
WELTER!	PERSONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
		r or race	5. SINGLE, MARI OR DIVORCED SINGLE	(write the word)	21. DATE OF DEATH February 14th (Month) (Day)	1932 (Year)
5a.	If married, widowed, or divor	rced			22. 1 HEREBY CERTIFY. That I attanded d	aceased from
	(or) WIFE of				Sept. 19 1932 to Feb. 14th	19 32
	DATE OF BIRTH (month, day	18	380 (?)		last saw h im alive on Feb. 14th 19 32	; death is sald
-	AGE Yaars	Months	Days	If LESS than	to have occurred on the date stated above, at 4:15Pm. M.	
	52?	Un]	nown	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
7	8. Trada, profession, or pa	articu lar			General Paralysis of the	Date of onset
OCCUPATION	kind of work done, SAWYER, BODKKEE	PER, elc	Unknow	1	Insane	?
IPA	9. Industry or business in work was done, as S SAW MILL, BANK, e	which SILK MILL,				
S	10. Dato deceased last wor	ked at	11. Total ti	me (years)		
0	this occupation (more year)	nth and	spar occu	nt In this pation		
12	. BIRTHPLACE (city or town)	Sout	h Carol	lina	Other Contributory Causes of importance:	?
12	(State or country)		102-10-0-0-0-0	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
ER	13. NAME JO	seph Leg	gree			
FATH	14. BIRTHPLACE (city or to (State or country)	wn) Unl	cnown		Name of operation Date of What test confirmed diagnosis? Was thera an a	utonsy?
ER	15. MAIDEN NAME	Saral	ı (Unkno	num)	23. If death was due to external causes (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city or to (State or country)	TT 7	known		Accident, suicide, or homicide?	, 19
17. INFORMANT Hospital Records				าเราเก	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
(Address) Crownsviile, haryiand 18. BURIAL, CREMATION, OR REMOVAL			-/	YESHA	Manner of injury	
Place Horph Cem Date 1/8 82			Date //8	82	Nature of injury	
19	UNDERTAKER DA	R.P.W.	enlard	. Duph	24. Was disease or injury in any way related to occupation of deceased?	
-	(Address)	walls	A D	2	If so, specify (Signed)	MIN
20	FILED / 18 - 3 2	19	JOJ J	Registrar.	(Address) Grownsville Nd	III. U.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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E	Example-I	1	Example II	
The principal cause of dea of importance were as follows	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	88ED PT 1007	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	The state of the s	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BUNHAU . S	July 5,1927	Peritonitis	3 days ago
	and the second			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

BINDING	
FOR	
RESERVED	
MARGIN	

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of QCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.

SIAIL OF MARYLAND—	0-
nno mundol	(82-0)
Oddity	Registration Dist. No.
Village or City Crownsville State Hosp	
Langth of residence In city or town whara deeth occurred 11 yrs 9 mos	death occurred in a hospital or institution, give its NAME instead of street and number) 15.ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME David Lewis	
(a) Residence: No. Baltimore City, Mary	ls aft. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH Pebruary 4th (Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND of	
(or) WIFE of Unknown	22. I HEREBY CERTIFY, That I attended deceased from April 19th 1920, to February 4 1932
1873	I last saw him alive on February 4 1932; death is said
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 2: 30 Am M.
59 Unknown lday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin,	were as follows:
8. Trede, profassion, or particular kind of work dona, as SPINNER, Laborer SAWYER, BOOKKEPER, etc.	Cerebral Hemorrhage 4 hrs
SAWYER, BOOKKEEPER, etc.	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Dete deceased last worked et 11. Total time (years)	
this occupation (month and spant in this occupation	
12 BIRTHPLACE (city or town) Mary Land	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 128 179 13114 (State or country)	General arteriosclerosis ?
II 13. NAME John Mitchell, dead	
13. NAME John Mitchell, dead 14. BIRTHPLACE (city or town) Maryland	No. of the Property of the Pro
14. BIRTHPLACE (city or town) Ner yland (Stata or country)	Name of operation Date of
	What tast confirmed diagnosis? Was there an autopsy?
x nerries news, dead	23. If death was due to external causes (VIOLENCE) fill in also the following:
[Stete or country]	Accident, suicide, or homicide?
	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Hospital Records (Addrass) Crownsyille, Haryland	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place los hung Cent. Date Try 6 , 1932	Nature of injury
19 UNDERTAKER By on gling wit	24. Was diseese or injury in app way related to occupation of dageased?
(Addrass) Balk and,	If so, spacify A. A. A. A. A. M. A.
20. FILED 9 5 , 1932 Joseph C. J. C. Megistrar.	(Signed) (Signed) (Addrass) Crownsville, Maryland
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
1. 6. 14				
140			L	

N. B.

should state

occupa-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 61329
1. PLACE OF DEATH	82-0
County a a	Registration Dist. No. 27
Village or City Commapores (M)	No. 5. St., Ward feath occurred in a porphel or institution, give its NOME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth? Jyrs. mos. ds.
2. FULL NAME anna maci	rovsky
(a) Residence: No. Waterloon a a cu, mil	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Processes	21. DATE OF DEATH (Month) (Day) (Year)
50 of f married, widowed, or divorced HUSBAND of (or) WIFE of Marlin Machovsky	22. ALHEREBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (month, dey, end year) Suly 2 - 1865	Hast saw her aliva on Fish 8 , 19.37 daeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
66 % 6 f day,hrs.	The PRINCIPAL CAUSE OF DEATh and ralated causes of Importence were as follows: Date of onset
8. Frede, profession, or particular kind of work done, as SPINNER. However, BOOKKEEPER, etc. 9. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, atc. 10. Date dacaasad last workad at this occupation (month and spent in this	Jacob
12. BIRTHPLACE (city or town) Quality (State or country)	Other Contributory Causes of importance:
13. NAME James Kowbsky	
f4. BIRTHPLACE (city or town)	Name of operation Dete of
(Stele of Country)	Whet test confirmed diegnosis? Was thara an au opsy?
# 15. MAIDEN NAME Chifernon	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (Stata or country)	Accidant, suicida, or homicide?
17. INFORMANT Joseph machovsky (Address) Combalo of R. X 201	Where did injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Adellswers Date Feb 11 32	Mannar of injury
19. UNDERTAKER B # 24 offices (Addiass) ann apoles on	24. Wes disease or injury in any wey related to occupation of deceased?
20. FILED 7 9 , 19.32 Juny 6 C. Jung C. Pragistrar.	(Signed Child M. D. (Ardrass) Unila pefis Mile

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAR 7 1882				
Other contributory causes of importance:	63	Other contributory causes of importance:		
Gallstones .	May 1,1923	Gastroenteritis	1 year	
	and the second of			

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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OCCUPA-

STATE OF MARYLAND-	CERTIFICATE OF DEATH 01330
1. PLACE OF DEATH	<u> </u>
County U QL.	Registration Dist. No.
Village or Collinapolis	No. Emergency Hospit St. 2 Ward
(lf	death occurred in a hospital of institution give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of he eign birth? yrs. mos. ds.
2. FULL NAME Condora M- A	mough
(a) Residence: No. 188 West	St., 3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Finale 4. COLOR OR RACE OR DIVORCED (write the word) Wildow	21. DATE OF DEATH From 20 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Levral ME Donough	1 HEREBY CERTIFY That I attended deceased from
21 14 1610	T
6. DATE OF BIRTH (month, day, and year) 10 1860 7. AGE Years Months Days If LESS than	I last saw h Say alive on F 1 20 P., 1932; death is said
1 day, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
// // ormin.	were as tollows: Oate of oneet
8. Trade, profession, or particular kind of work done, as SPINNER,	J. 1 1 1
SAWYER, BOOKKEEPER, etc.	a course can gorne with of
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	pratue en Jecrou. Jus
O HO, Date deceased last worked at 11. Total time (years)	(right ceq)
this occupation (month and spent in this occupation	V1. 20/3
12. BIRTHPLACE (city or town) May land	Other Ceatribatary Caases of importance:
(State or country)	Dich b - Million 1 4
13. NAME The Co. January	p curving incurred
and the second	1000
14. BIRTHPLACE (city or town)	Name of operation Dato of
15. MAIDEN NAME Soblia Cole	What test confirmed diagnosis? When the was there an autopsy?
2010 11-0	23. If death was due to external causes (VIOLENCE) filt in also the following:
(State or gountry)	Accident, suicide, or homicide?Date of Injury, 19
1.00 4	Where did Injury occur?(Specify city or town, county and Stata)
17. INFORMANT (Address) Cosseppelle 249,	Specify whether injory occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Descripted Date DV 2 3,1932	Nature of injury
19. UNDERTAKER Alex 21/ Laylor	24. Was disease er Injury In any way related to occupation of deceased?
(Address) Comapoli Md.	If so, specify
20 FILED 5 1 21 1932 gray to a gray or a gue	(Signed) & blues lances M. D.
Registrar.	(Address) Fun apriles the

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I		Example II	
The principal cause of importance were as	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAR 7 1082	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	PURELLY	July 5,1927	Peritonitis	3 days ago
	N/A			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

County Village or City Langth of residence in city or Jown where death occurred AND Langth of residence in city or Jown where death occurred AND AND AND AND AND AND AND AN	1. PLACE OF DEATH	97
Length of residence in city or jown where death occurred yrs mes. ds. How long in U. S. If of foreign birth? How long in U. S. If of foreign birth? How long in U. S. If of foreign birth? How long in U. S. If of foreign birth? How long in U. S. If of foreign birth? How long in U. S. If of foreign birth? How long in U. S. If of foreign birth? How long in U. S. If of foreign birth? How long in U. S. If of foreign birth? How long in U. S. If of foreign birth? How long in U. S. If of foreign birth? How long in U. S. If of foreign birth? How long in U. S. If of foreign birth? How long in U. S. If of foreign birth? How long in U. S. If of foreign birth? How long in U. S. If of foreign birth? How long in U. S. If of foreign birth? How long in U	County CC - CC	Registration Dist. No.
Langth of residence in city or fown where death occurred yrs mos. ds. How long in U. S. if of foreign birth? yrs. how long in U. S. if of foreign birth? yrs. how long in U. S. if of foreign birth? yrs. how long in U. S. if of foreign birth? yrs. how long in U. S. if of foreign birth? yrs. how lon		
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7. AGE Years Months Deys If LESS than I day. hrs. 1	5a. If, married, widowad, or divorced	,
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12. BIRTHPLACE (city or town) Columbia Far Other Contributory Causes of importance: 13. NAME 9 6 1 1 1 1 1 1 1 1 1	A Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	Seule Debelet 12,2013,
12. BIRTHPLACE (city or town) GOLLMOTA (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) Recurrence (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) RECURRENCE 16. BIRTHPLACE (city or town) RECURRENCE 17. INFORMANT RECURRENCE 18. BURIAL, CREMATION, OR REMOVAL Place 19. Manner of Injury Manner Manne	- Spant III this	
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What test confirmed diagnosis? West there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? West there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? What did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Place Manner of Injury Manner of Injury Manner of Injury	14. BIRTHPLACE (city or town) La Chullond	Name of operation Dete of
Whare did injury occur? 17. INFORMANT (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)	(State of country)	What tast confirmed diagnosis?
Whare did injury occur? 17. INFORMANT (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)	H 15. MAIDEN NAME COURCE JAN THEY	
17. INFORMANT 1975 11014 State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 387 Fifth 18. BURIAL, CREMATION, OR REMOVAL Place 11 31011 Canal Date 2 17 1939	O 16. BIRTHPLACE (city or town)	
18. BURIAL, CREMATION, OR REMOVAL Place 11 31072 Canal Date 2: 17 10.37 Manner of Injury	17. INFORMANT Mis Mary March son	(Specify city or town, county and State)
Place 1 31021 Chil Date 21 1 10 17		Manner of Injury
Trouble of Injury	Place 11 31072 (Smil Date 2' 1932.	Natura of Injury
19. UNDERTAKER Alas E. H. B. Tarks 24. Was disease or injury in any way related to occupation of daceased? Local Address 47 Was hunglest St 1 If so, specify A	19. UNDERTAKER	24. Was disease or injury in any way related to occupation of daceased?
Charles I was period of the forme Harles	20. FILEDTV 16 193 2 920 16 C. Jo 6 92	(Signed) Miebrone Three M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting & S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ļ.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 N. B. OCCUPA.

X

	-CERTIFICATE OF DEATH 61332
1. PLACE OF DEATH	
County Anne Arundel	Registration Dist. No. 2I
Village or City Orchard Beach	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,3r	nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Andrew B. Myers	
(a) Residence: No.	St., Ward. If nonresident give gity or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH February (Month) 2 (Day) (Year)
5a. If married, widowed divorced HUSBAND of Clare Myers	January 29th 19 32 to February 2932
6. DATE OF BIRTH (month, day, end year) May 9 18 557 7. AGE 6 Years Months Days If LESS than	I last saw h im alive on February Ist, 32; death is said to have occurred on the date stated above, at II a.m.
68 9 25 1 day,h	THE RECEIVE OF BEATT and to det Courses of the portation
8 Trade profession or particular	Arteriosclerosis and Date of onset
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. farmer 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this spent in th	chronic interstitial nephritis ?
10. Date deceased last worked at this occupation (month and year) May 1926 1936 19	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Cerebral hæmorrhage I-29-
(State or country) Baltimore Co.	193 2
13. NAME Elisha Myers	
Hand Hand Hand Hand Hand Hand Hand Hand	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy? nO
15. MAIDEN NAME Nancy Merryman	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Nancy Merryman 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Bettie Virginia Armacost (Address) 2703 Riggs avenue Balt.	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Pleasant Grove Date 2-4 ,193	Nature of injury
19. UNDERTAKER M. S. Gosson (Address) 84/ W. J. J. M. S. Jein	24. Was disease or injury in eny way related to occupation of deceased? NO
20. FILED 128 7,1902 Registrar.	Danclust and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example EIVE		Example II	
The principal cause of death and related causes of importance were as follows:	1 2	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.

PL	ACE	OF	DEATH	
	Ant	18	Arundel	



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 22

	PERSON	NAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	sex	4 COLOR OR RACE	5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	February (Month) 5 (Day)1932 (Year)
	DATE OF BIR	(Month)	USWWW, 1_(Year)	I HEREBY CERTIFY, That I attended the deceased from April 1, 1931.92 to February 5, 1932 that I last saw him alive on Feb. 4, 1932, 192
1 6	a) Trade, presticular kin	ofession or	l day hrs. ds. or min.?	The CAUSE OF DEATH * was as follows: Myocarditis
b	usiness, or e	untry) Mari	yland,	(Duration) yre 10 mos de. Contributory Socondary (Duration) yre mos de.
RENTS	FATHER 11 BIRTHPL OF FATH (State of	ER r country)	eknowa.	(Signed) M. D. State the Disease Causing Death, or, In deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAF	OF MOTH 13 BIRTHPI OF MOTH	1ER LACE	"	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death 1 yrs 7 mos ds.
14	(Informant	S TRUE TO THE BEST	Suus	Where was disease contracted 508 Betheld. Former or Baltimere Mal
15	(Addi	JES 1982 V	Lara M Hasluh	20 UNDERTAKER ADDRESS LAND MALE LAND MALE

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from er," etc., Never return "Laborer," "Forcman," "Manager," "Deal-Physician, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal minc, etc. (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day Compositor, Architect, Locomotive engineer, The quesmaterial Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory. carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic etc. The contributory valvular heart disease; Measles; etc., of

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 118 7	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. 5.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL.	SPACE	FOR	RURTHER	STATEMENTS	RV	PHYSICIAN
UDDITIONAL	OI MUE	LOI	T. ORFTITITE	STUTEMENTS	DI	I II I SIUIAIN

V. S. No.

AGE should be stated EXACTLY. PHYSICIANS Should state Exact statement of OCCUPAitem of inforce B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied.

STATE OF	MARYL	AND-CERTIFIC	CATE OF	DEATH	61334
----------	-------	--------------	---------	-------	-------

1. PLACE OF DEATH		108)		
County a — a		Re	gistration Dist. No.	7
Village or City amap	olis Md.	No. Emergency / death occurred in a hospital or institution, give	official St., ve its NAME instead of street and	ward
Length of residence in city or town where de	ath occurred yrs mos	ds. How long in U.S. If of foreig	gn birth?yrsn	nosds.
(a) Residence: No.	a farran	U. St. — Ward.		
	(Sual place of abode)		nonresident give city or town an	d State
PERSONAL AND STATISTIC	CAL PARTICULARS		IFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	1 22 nth) (Day)	., 193 <u>2</u> (Yeer)
5a. If marged, widowed, or divorced HUSDAND of (or) WIFE of		22. 4 I HEREBY CE	RTIFY That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	4. 6. 1917	I last saw h. Ly alive on	E ch 2 1 , 19 3	death is said
7. AGE Years Months (Octob)	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above The PRINCIPAL CAUSE OF DEATH and were as follows:		Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	School gir (.		1 1 7 -	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Prot Purmo	eacie.	400
D Data deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Other Contributory Causes of importance		
2. BIRTHPLACE (city or town) Uff (1) EV (State or country)	rmer George, Co-	Turumo	wa Fold	Ruen
13. NAME Inomas 1	arran			
13. NAME Inomas F 14. BIRTHPLACE (city or town) Uf 1/4. State or country)	mer grorge md.	Name of operation What test confirmed diagnosis?		autopsy?
15. MAIDEN NAME Margre 16. BIRTHPLACE (city or town) White (State or country)	t Sollers	23. If death was due to external causes (V Accident, suicide, or homicide?		•
16. BIRTHPLACE (city or town) (State or country)	P-980rgs C6.	Where did injury occur?(Sr	pecify city or town, county and St	ate)
17. INFORMANT CANNUS (Address) O O YO 18. BURIAL, CREMATION, OR REMOVAL	ry Md.	Specify whether injury occurred in INDU	, in HUWIE, OT IN PUBLIC P	LAUE.
Place Walkers Cenul -	Dale 2: 26,1932	Manner of Injury Nature of Injury		
19. UNDERTAKER & H.B. Par (Address) 47 Washin	ken-	24. Was disease or injury In any way rela	ted to occupation of deceased?	
20. FILED \$ 25, 19.3 2 fr	leghe for a Registrar.	(Signed) (Address)	unafore h	2 /M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	11 map 1032	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. 3	July 5,1927	Peritonitis	3 days ago	
	12-2				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

BINDING	
FOR	
RESERVED	
MARGIN	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	S	TATE OF	MAR	YLAND-	CERTIFICATE OF DEATH	337
1	L PLACE OF DEA	ТН			92-0	00.
	County Arne	Arunlel			Registration Dist. No.	1
	Village or City	Crownsvil	le Sta	te Hosni	No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
	Length of residence In cl	ity or town where deat	h occurred	yrs. 2 mos	ds. How long in U.S. if of foreign birth? yrs.	number)
	2. FULL NAME	Floyd	Lober	rts		
	(a) Residence: No	Belti	nore.	Mar rland	St Ward.	
		-3/ E	The state of the s			d State
-	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
		e ck	OR DIVORCE	RIED, WIDOWED. D (write the word)	Feb. 18th	193 2
5a.	. If married, widowed, or divo	nrced	Widov	ve a	(Month) (Day)	(Year)
		Unknown			22. I HEREBY CERTIFY, That I attended	deceased from
-		v and voor) 185	:0			, 19
	DATE OF BIRTH (month, da AGE Years	y, and year)		1 1/1500 11	I last saw h im alive on Feb. 18th 19.3. to have occurred on the date stated above, at 5:45P m.	; death is said
	73	Months	Days 10WN	If LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
	8 Trade profession or p	1	10 1111	ormin.	were as follows: Mitral regurgitation with	Date of onset
NO	8. Trade, profession, or p kind of work done, SAWYER, BOOKKEE	as SPINNER,	Laho	rer		6 mon
OCCUPATION	9. Industry or business in work was done, as	n which			feilure of compensation	.b. mos.
200	SAW MILL, BANK,	etc	I 11 Total A	ime (years)		
ŏ	this occupation (mo	nth and	spa	nt in this upation		-
			ryland		Other Coatributory Causes of Importanco:	
12.	. BIRTHPLACE (city or town) (State or country)	3116	1 y LO HU	L	General arteriosclerosis	?
ER	13. NAME	James Rol	erts,	dead		
FATHER	14. BIRTHPLACE (city or to	Unkr	10 un		Name of operation. Date of	
_	(State or country)				What test confirmed diagnosis? Was there an	autopsy?
MOTHER	15. MAIDEN NAME	ebecca (U	'nlmo v.r	a) dead	23. if death was due to external causes (VIOLENCE) fill in also the following	g:
101	16. BIRTHPLACE (city or to	own)UIII	noun		Accident, suicide, or homicide? Date of injury	, 19
2	(State or country)	enital De	cords		Where did injury occur? (Specify city or town, county and St.	(a)
17.	. INFORMANT	rownsvil		rvlend	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC P	LACE.
18.	(Address) BURIAL, CREMATION, OR F		5 1		Manage of interes.	
	Place to Silal		Date 1/ 22	- 1934	Manner of injury	
10	1 Do (P Pales	1. Ed.	Dukh	24. Was disease or Injury in any way velated to occupation of deceased?	
19,	(Address)	Wales	Lury	med	If so, specify	1
20	FILED /12	132-16	200	400	(Signed) [[] [] [] [] [] [] [] [] []	/ M. D.
20,	ref.	A	*	Registrar.	(Acdress) Crowneville,	1
		If more bla	nbs are meeded	Advess State Peristras	Atan N. Charles Street Belginger Province 71 S. No.	

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURLAU V.B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

PHYSICIANS should state Exact statement of OCCUPA- STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			<u>£3</u>			
County Arine Arina		~~~~~	Registration Dist. No.			
Village or City Crowns	ville St	ate Hosni		Ward		
Length of residence in city or town whe	re death occurred	yrs 8 mos	f death occurred in a horpital or institution, give its NAME instead of street and	number) mosds.		
2. FULL NAME RE	chael Ro					
			2/1Stnd Ward.			
	1 ti no re (Usual place		If nonresident give eity or town an	nd State		
PERSONAL AND STATIS 3. SEX 4. COLOR OR RACE		RRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH			
female black	OR DIVORCE	D (write the word)	February 9th	193_2		
5a. If married, widowed, or divorced			(Month) (Day)	(Year)		
(or) WIFE of James].	Robinson		22. I HEREBY CERTIFY, That lattender May 17th 19 31, to February			
6. DATE OF BIRTH (month, day, and yeer)	188	4	Hast saw h.er alive on February 9 ,19 3			
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 12:05 mP . M .	,		
48 U	nknown	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:	Data of onset		
8. Trade, profession, or particular kind of work done, as SPINNER,	Wallsole	00000	General Paralysis of the			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	Housek	eaber	Insane			
work was done, es SILK MILL, SAW MILL, BANK, etc.						
10. Date deceased last worked et this occupation (month end year)	spa	ime (yeers) nt in this upation				
12. BIRTHPLACE (city or town)Virg		upation	Other Contributory Causes of Importance:			
(State or country)	1111 0		Lues			
# 13. NAME Henry Sm	ith, dea	d				
Hanry Sin Henry Sin 14. Birthplace (city or town)	nie		Name of operetion			
(State or country)	(unknown) desd	What test confirmed diagnosis? Was there an	autopsy?		
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Vir g in	is	23. If death was due to externel ceuses (VIOLENCE) fill In also the following			
O 16. BIRTHPLACE (city or town)	8 III.	J. C.	Accident, suicide, or homicide? Date of Injury	, 19		
17. INFORMANT Hospital	Records		(Specify exty or town, county and St Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC P	ate)		
(Address) Crown		Margland				
18. BURIAL, CREMATION, OR REMOVAL	now at	11/2-1033	Manner of injury			
Trace - July - Comment	per-1-10 tel	1 1 1932	Neture of injury			
19. UNOERTAKER	la no	9	24. Was disease or injury in any way related to occupation of deceased?			
20, FILED TW 10 , 19 32 - 8	myse.	A. 40	(Signed)	20/3 M.D.		
20, 11120-1-12-12-13-0-19-0		Registrar.	(Address) Or Ovnsville Maryl	E-nd		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago	
Chronic interstitial nephritis 7 1932	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DULEANT TO	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

_=			

1 PLACE OF PEATURE	CERTIFICATE OF DEATH (1339)
1. PLACE OF DEATH	126)
County a. a.	Registration Dist No
	No. St., Wa f death occurred in a horping or institution, give its NAM instead of street and number)
Length of residence In city or town where death occurred	s. ds. How long In U.S. if of foreign birth? yrs. mos. mos.
2. FULL NAME (mary S).	sears!
(a) Residence: No. Jales offle and	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the ford)	21. DATE OF DEATH (Month) (Oay) (Yaar) (Yaar)
a. If married, widowed, or divorced HUSBANO of (or) WIFE of Polar X + Some	22. I HEREBY CERTIEY, That I attended deceased for
110 may . 1 x pour	Jany 18, 1932, 10 0 Mun / 198
DATE OF BIRTH (month, day, end yaar) aug 30-1858	last saw h. W Jallva on O 137, death is
AGE Years Months Days If LESS than 1 dey, hrs.	to have occurred on the date stated above, atm,
/ O / ormin.	The PRINCIPAL CAUSE OF DEATH and related ceusas of importance ware as follows:
8. Treda, profession, or particular kind of work dona, as SPINNER,	replicance times 1-18
SAWYER, BOOKKEEPER, etc	·
work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work dona, as SPINNER, SAWYER, BOOKKEFER, etc	
1 a Don't Par a	Other Contributory Canses of importanca:
2. BIRTHPLACE (city or town) A Clean Company (State or country)	Jone in Comon lile Delet
	Timpiena Jack Staddy
13. NAME Chickwords 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of oparation Date of
	What test confirmed diegnosis? Was there an au'opsy? J.
15. MAIOEN NAME (Martha Chields) 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homlcide? Date of Injury, 19
(State or country) (Mary Lany	Where did Injury occur? (Specify city or town, county and State)
7. INFORMANT W. W. Seary	Specify whethar Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Harrow (md	
Place Of Grand On OR BEMOVAL ON OR	Manner of injury
9. UNDERTAKER B & 21 offing	24. Wes disease or Injury in any way releted to occupation of deceasad?
(Address) and other m	If so, spacify
116.	
0. FILEO TV 8 19 032 France C Fre 2	(Signad) A Con T TO WAY

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Ex	ample I	DA	Example II		
The principal cause of death and related causes of importance were as follows: Arterioselerosis Date of onset 1915			The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	7 77	3 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BARE	July 5, 1927	Peritonitis Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis Gastroenteritis	1 year	

S. No.

5

20 ż

	OF DEATH	<u></u>	82-0	STATE OF CERTIFICATE	OF DEATH
	JLL NAME Soc	3 0 3.	Registration Dist. No. 2/- St.: Ward) St.: Ward) Sey moul Sey moul On umber.		
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDIC	CAL CERTIFICATE	OF DEATH
Male.	4 COLOR OR RACE	S SINGLE, MARRIED, Widoweb, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	for.	2 nd , 1992
6 DATE OF BU		15 /3 , 1854 (Day) (Year)	17 I HEREB	Y CERTIFY, That I att	ended the deceased from 2 34 , 12 2 2 2 2 198 2
7 AGE	77 yrs. 2	mosds. fLESS than dayhrs. ormin.?		rred on the date stated TH * was as follows:	labove, at & P., m.
(a) Trade, po particular kir (b) General r business, or c	rofession or Jacon and of work mature of industry establishment in yed or (employer)	Retired. Virginia	Contributory	(Duration)	yrs. mos 6 ds.
10 NAME OF FATHER	LACE	Say mare	(Signed)192	es S. Bell (Address) Sel	er Berry. 1/2
12 MAIDEN	N NAME	Lugenea Suy mous		Disease Causing Death, tate (1) Means of Ir or Homicidal.	or, in deaths from jury and (2) Whether tals, Institutions, Trans-
13 BIRTHP	LACE	Vergenes.	ients or Recent R At place of deathyrs Where was disease con	esidents) In the mosds. State	
(Informant	IS TRUE TO THE BEST	Semmerman	Former or usual residence	uh?	
	06	erna Past - Mg.	Lorrain	and,	Fol 4 , 1932
Filed 3/	3 1927	m, Kleingen	Los, B, Co	w//.	Balk. md;

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., Wilnum
laborer, Earn laborer, Laborerworked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Screant, Cook en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many -Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, Examples: Accidental drowning; Struck by railway train-American Medical Association.) .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic valvular heart disease; and consequences (e. g., sepsis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is permanently filed.

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MAKGIN KESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
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Exact statement of OCCURA-

properly classified.

certificate.

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	L PLACE OF DEA	TH			(84)	
7	County Ann	ne Arunde	el		Registration Dist. No.	
	Village or City	Growns	ville S	tate Hoer	St., steath occurred in a hospital or institution, give its NAME instead of street and n	ward (ward)
	Length of residence in	city or town where d	eath occurred	yrsmos	ds. How long in U.S. If of foreign birth?mo	s ds.
2	2. FULL NAME		olph Sh			
	(a) Residence: No.	Dor	chester	County.	If nonresident give city or town and	State
-	PERSONAL AI				MEDICAL CERTIFICATE OF DEATH	State
		or or race	5. SINGLE, MAR OR DIVDRCE	RIED, WIDOWED, Q (write the word)	21. DATE OF DEATH Rebruary 8th	193 2 (Year)
5e.	If married, widowed, or div HUSBANO of (or) WHFE of ME	orced ry Lizzi	ie Shar	ps	22. I HEREBY CERTIFY, That I attended of February 1,19 32 to February 8	deceesed from
6.	DATE OF BIRTH (month, d.	av. and veer)	1907		Hest sew h im alive on February 8th 19 32	
-	AGE Yeers 25	Months	Deys no wn	If LESS than I dey,hrs. ormin.	to heve occurred on the date steted above, at 3: 15Pm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	
9 Trade profession or postigular					Exhaustion due to acute	Oate of onset
OCCUPATION	Industry or business in work wes done, as SAW MILL, BANK,	in which			p-sychosis	
000	1D. Dato deceased last we this occupation (myear)	orked at onth and	5030	ime (years) nt in this upation		
12. BIRTHPLACE (city or town)					Other Contributory Causes of importence: Nenic Depressive-Manic type	2
ER	13. NAME	Unknown				
13. NAME Unknown 14. BIRTHPLACE (city or town) Unknown (State or country)					Name of operation Dete of What test confirmed diegnosis? Wes there en a	utonsv?
IER	15. MAIOEN NAME	Unknov	wn		23. If deeth was due to externel ceuses (VIDL ENCE) fill in also the following	
15. MAIOEN NAME Unknown 16. BIRTHPLACE (city or town) Unknown (Stete or country)					Accident, suicide, or homicide? Oate of injury	
17. INFORMANT Ho spital Records (Address) Crown sville, Maryland				la nd	(Specify city or town, county and State Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CE.
18.	BURIAL, CREMATION, DR	REMOVAL N	whit!	//	Menner of injury	
19. UNOERTAKER N. M. SY. Colaise (Address) Cambridge				1	24. Was disease or injury in any way related to occupation of deceased?	
20.	FILEOTY 9	19.32	746. J	Registrar.	(Signed Ownsville, Marylen	23 M.D.
		IC.	1. 1. 1.	11 6 2		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	la series	Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S. J			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

161342 PLACE OF DEATH STATE OF MARYLAND GERTIFICATE OF DEATH Registration Dist. No. 21 RECORD (If death occurred im Ward) a hospital or institu-tion, give its NAME is-stead of street and 2FULL NAME number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH To DATE OF DEATH February22nd 4 COLOR OR RACE 5 SINGLE BINDING pino (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from January 29th 132 ... February 20 . 1932 that I last saw him alive on February (Month) (Day) Ilf LESS than and that death occurred on the date stated above, at IO &. 7 AGE The CAUSE OF DEATH * was as follows: I day hrs. RESERVED Chronic valvular heart disease 8 OCCUPATION (aortic regurgitation) (a) Trade, profession or particular kind of work pla (b) General nature of industry indefinite business, or establishment in (Durstion) ____yrs......mos.... which employed or (employer Cerebral embolism impor Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) sudden 10 NAME OF 0 (Signed) FATHER 2-22 1932 (Address) Pasadena. Md. 11 BIRTHPLACE RENTS *State the Piscase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER CAUS (State or country 12 MAIDEN NAME Ad OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transinform state CCU2/ ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER State_______mos____de. (State or Country) ŏ T Where was disease contracted, of BEST OF MY KNOWLEDGE if not at place of dea.h?.. shoul Every item CIANS sho statement Former or usual readence (Informant) 19 PLACE OF BURIAL DE REMOVAL DATE OF BURIAL (Address D UN DERTAKER ADDRESS fistra

aks are should, addre s tate Kegistrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs. For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed greed in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of or At Home, and children, not gainfully em-For many occupations a Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day single word or term on

Statement of Cause of Death—Name, first, the DISEAR CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewers (the only definite synonym is "Epidemic cerebros; inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ezhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom. causing death), 29 ds.; Bronchopneumonia (secondary) stited unless important. Whooping cough; Chronic valvular heart disease use of "Tumor" for malignant neoplasms); Measles diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid Example: Measles (disease etc. The contributory "Convulsions,

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation

state of infor-

1. PLACE	STATE (OF MAR	RYLAND-	CERTIFICATE (OF DE	ATH	11343
County	Anne Arunde	1			Registration	n Dist No	21
	esidence in city or town where	death occurred	yrs,mo	No. Bay Ridge f death occurred in a hospital or instituti s. ds. How long in U.S. It of	Avenu	St.	,Ward and number) mos ds.
	AME Louis						
(a) Resid	ence: No. Bay Rid	(Usualplace		St., Ward.	If nonreside	nt give city or town	and State
PERSO	NAL AND STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE Male White S. SINGLE, MARRED, WIDOWED, OR DIVORCED (write the word) Married		21. DATE OF DEATH	(Month)	(Day)	, 193 2 (Year)		
5a. If merried, wide HUSBAND of (or) WIFE of	owed, or divorced Maria M.	Stevens		22. I HEREBY	CERTII		ded deceased from
6. DATE OF BIRTH (month, day, and year) July 9, 1868			i last saw h alive on				
7. AGE Years Months Days If LESS than 1 day,hrs.				to have occurred on the date steted	ahove of	***	

63 min. 8. Trede, profession, or particular for OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. __ Metropo Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town Md. (State or country) Stevens FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME Sarah Cox Maryland 16. BIRTHPLACE (city or town (State or country) Where did injury occur? Maria M. Stevens Specify whether Injory occurred in tNDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT Bay Ridge Ave. Eastport (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injur LION Nature of tnjury John M. Taylor 24. Was disease or injury in eny way related to occupation of deceased: 19. UNDERTAKER Annapolis (Address) If so, specify Registrar.

Date of onset Other Contributory Causes of importance Was there an autopsy?. 23. if death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes Date of onset			Example II		
The principal cause of dea of importance were as foll	ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	NAR 1 1 32	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	TULBLAND	July5,1927	Peritonitis	3 days ago	
		acus firmi			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82-00)
County A.	Registration Dist. No. 2
Village or City have doon , ell	2 No. St., Ward
Length of residence in city or town where death occurred $\sqrt[3]{7}$ yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmos, ds.
2. FULL NAME (Dilliam Emanne	Themas!
(a) Residence: No. Davidsim le	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR-OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Name of the word)	21. DATE OF DEATH 2 W (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of White Mornand	28. I HEREBY CERTIFY, That I attended deceased from 23 to Vic. 2 1927
6. DATE OF BIRTH (month, day, and year) March 12 1/9/874	I last saw hein alive on File, 2 mg, 1937; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated abova, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ere has down has 1/23/32
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Totel time (years) this occupation month and the senant in this Column.	
Date deceased lest worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Other Contribution Course of importance
12. BIRTHPLACE (city or town) Mary and	Other Contributory Causes of importance:
13. NAME / VM Thomas 14. BIRTHPLACE (city or town) have former town	
(State of country)	What test confirmed diagnosis furthern Was there an aulopsy DD
15. MAIDEN NAME	23. If death wes due to externel causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or Country)	Accident, suicide, or homicide?
17. INFORMANT While Homes Mo.	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Variation, Ill Date 426 4 11, 1932	Nature of injury
19. UNDERTAKER & as, I Cot Mg.	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED 2 /3 1932 Carrie Suit Registrat.	(Signed) Austine Huns M. D. (Address) David definible Mo. D.
If mor blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhagė	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	CERTIFICATE OF DEATH (1345)
County A -	Registration Dist. No. 21
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where thath occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Sheenvelle	St., Ward.
(Usual place ol abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If what riad, widowed, or divorced HUSBAND of (or) WIFE of HUSBAND (or) WIFE of	22. I HEREBY CERTIFY. That t attended deceased from
6. DATE OF BIRTH (month, day, and year) Aug. 28/868	2-15-32, 19 to 2-15- , 19 32 Ilast sew hatth alive on 2-15-3 2 19 ; death is said
7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, am, The PRINCIPAL CAUSE OF DEAT11 and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onsec
9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Hemplegue 2-15-32
O Date decesed last worked et this occupation (month and year) spent in this occupation	Cause Perbably of Ester
12. BIRTIIPLACE (city or town) (State or country)	Other Cnatributory Canses of Importance:
13. NAME Tours Tou	
(State or country)	Name of operation
	What test confirmed dlegnosis? Wes thera an autopsy?
16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suictde, or homicide?
17. INFORMANT AND Harris Lane (Address)	Where did Injury occur?
18. BURIAL, CREMATION OR REMOVAL Please Astrony Cambo Date Figh. 18, 1932	Menner of injury
19. UNDERTAKER 18 19. Marian 19. (Address) 2. Carrier 19. Carrier	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED FM 18, 19.39 5 916. 5 % MR. Registrar.	(Signad) CIA Malony M. D. (Address) Stalyests
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVI AND

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Arteriosclerosis Chranic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
4 h was not always ? " Blancason			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u></u> j		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	infor-
A)	of
	item
/	Every
	RECORD.
MARGIN RESERVED FOR BINDING	B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of ini
OR	V
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	PLAINLY,
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

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S. S		OF MAR	YLAND—	CERTIFICATE OF DEATH	46
	arunde			Registration Dist. No.	
Village or City	Crownsv	rille St	ate Hosp	i teno. St.	Ward
Length of residence in ci	ty or town where	death occurred	J T	f deathy occurred in a hospital or institution, give its NAME instead of street and m	
2. FULL NAME			lownsend		
(a) Residence: No				O Stunt y Wardle ry land If nonresident give city or town and	
PERSONAL AN				If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
	R OR RACE	5. SINGLE, MAI	RRFED, WfDOWED, ED (write the word)	21. DATE OF DEATH Rebruary 1st (Wonth) (Day)	, 193 2 (Year)
5a. If married, widowed, or divo HUSBAND of (or) WIFE of	rced			22. I HEREBY CERTIFY, That I attended of Sept. 28th 28 to Feb. 1st	
6. DATE OF BIRTH (month, day	, end year)	.900		I last saw him alive on Feb. 1st, 1932	; death is sald
7. AGE Years 32	Months Unkr	Days	If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, at 1, 154 m. The PRINCIPAL CAUSE OF DEATH and related causes of importanco were as follows:	Oate of onset
8. Trade, profession, or pa kind of work done, SAWYER, BOOKKE 9. Industry or business In work was done, as S SAW MILL, BANK, or 10. Oate deceesed last wor this occupation (mor year)	which ILK MILL, etcked at	11. Total	time (years) ent in this upation	Pulmonury tuberculosis	3 vee
12. BfRTHPLACE (city or town) (State or country)	Mer	rland		Other Contributory Causes of importance:	
13. NAME Ge	orje W.		end		
13. NAME GE 14. BIRTHPLACE (city or to (State or country)				Name of operation	
15. MAIOEN NAME 16. BIRTHPLACE (city or to	Jennie			23. If death was due to external causes (VIOLENCE) fill In also the following	:
f6. BIRTHPLACE (city or to (State or country)	wn)llel	/lanc		Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State	
	movill	cords	rl e nd	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	ĆE.
f8. BURIAL, CREMATION, OR R	leudez	- Oate 74.	.,38	Manner of injury Nature of injury	
19. UNOERTAKER A-UK. (Address) Walk 20. FILEO 43 - 32	bury,	mlerod	e supt.	24. Wes disease or injury In any way related to occupation of deceased. If so, specify (Signed)	W/M.D.
	If more	blanks are needed.	Registrar.	(Address) L. P. C. L. S. V. S. No. 1.	10

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
phritis	1921	Run over by street car	1 week ago
RECEIVED	July 5, 1927	Peritonitis	3 days ago
= MAR 7 1932			
causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
-	of death and related causes as follows: phritis causes of importance:	of death and related causes as follows: 1915 phritis 1921 July 5, 1927 causes of importance:	of death and related causes as follows: 1915

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PHYSICIANS

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17. INFORMANT

(Address)

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S. No. 1

E PLAINLY, WITH UNFADING INK-THIS IS should be carefully supplied. AGE should be sta

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH arundel Anne County Registration Dist. No. State Hospitand Crownsville Village or City No. St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. 60 ds. How long in U.S. if of foreign birth? yrs. mos. ds. Length of residence in city or town where death occurred Charlotte Trader 2. FULL NAME Salis bury, Wicomico Cosmty, Ward yland (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word) femule Unkinov, n (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of Unknown HEREBY CERTIFY. That I attended deceased from (or) WIFE of 1854 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at I day....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance Unkhown or____min. Date of enset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ OCCUPATION 3 das 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et 11. Total time (years) spent in this this occupation (month end occupation ____ Other Contributory Causes of importance: teriosclerosis 12. BIRTHPLACE (city or town) (State or country) FATHER Unkno wn 13. NAME Name of operation (State or country) What test confirmed diagnosis? Was there an autopsy? MOTHER Unkno wn 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town)_____ (State or country (Specify city or town, county and State)

Nature of Injury

24. Was disease or Injury In any way related to occupation of deceased?

If so, specify

(Signed)

Registrar.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Manner of Injury

Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	347	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Gallstones	May 1,1923	Gastroenteritis	1 yea

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20

	St

Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Harry H. Summer

PERSC	NAL AND STATIST	ICAL PARTICULARS
male_	White	SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)
B DATE OF B	RTH	ww \$ 56/

(Month)

(Day)

(Year)

7 AGE	71	yrs,	mos		If LESS that I day hre or min.
	PATION ade, professional alar kind of v		Saru	ıer	and
	eneral nature		10	~	4

	particular kind of work (b) General nature of industry business, or establishment in	09	rm	er Va	De.	X.
5	which employed or (employer)		CON	1.63.4		****

1	10 NAME OF	Massachuselli
I	FATHER	huknowy
	OF FATHER (State or count	Serman.

13 BIRTHPLACE	' ()
OF MOTHER	7.
(State or country)	unany
A THE LOOVE IS TOUT TO	THE BEST OF MY MOWI

14	THE	ABOVE	IS	TRUE	TO	THE	BEST	OF	MY	KNOWL	ED	GE
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(Informant) Calvert	William
(Address) OBU	him med
Filed Fel 3rd 1932	Mr.R. Clayton

1 14	Mad Josesola	1011111	1000	1. 0
If more bianks are needed, ad-	dre.s Ltate Registrar,	16 W. Saratoga St	., Balto., Requesting	V. S. No.

MEDICAL CERTIFICATE OF DEATH

Le	Loney .	2	, 1972
***************************************		(Day)	
	CERTIFY, That I at		
Och	1932 to 70	62	192 2
that I last saw b	alive on	may Z	1925
and that death occurre	ed on the date state	d abeve, at	5-Pm
The CAUSE OF DEATH	I * was as follows:	0	
mitral s	- contre	Lucy	Analus.
	. *	U	1
a no sin 4 4 4 4 4 4 4 7 1 4 4 4 4 4 4 4 4 4 4 4	\$0.000 00000 000 000 00000 00 00000 00000 0000	0 0 0 0 0 0 0000 0 0 0 0000 0 0000 0 000	••••••
***************************************		*********	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Duration)	yrs	mosd
Contributory &	usnow	<u>/</u>	
	(Duration)	Уга	.mosd
· /// // 42	(Duretton)	· ~ ~)	

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

						-
18. LENGTH	OF	RESIDENCE	(For	Hospitals,	Institutions,	Tran
ients or R	ecen	t Residents)				

t place	In the
t place yrsds.	Stateyrsmosds
Where was disease contracted,	
not at place of dea.h?	

14 4		64 6	Batton		
For					
usu	sl r	e810	lence	 	

ACE OF BURIAL OR REMOVAL	DATE OF BURL
There Western Centery	Jeb 4th
and the same of th	

Vood Vecendship.

V. S. No. 1

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealadditional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Foreman, For many occupations a or At Home, and children, Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia Laborersingle word or term on -Cool minc, etc. not gainfully em-The ques-"""Deal-Grocery, Wom-

Statement of Cause of Death—Name, first, the DIS-EARLE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrosi inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaennia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Heart Immer, "Old Age," "Shock," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; Poisoned by (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, cough; Chronic Carcinoma, Sarcoma, valvular heart disease etc. affection need not be The contributory etc., 01

If this certificate is looked over thoroughly and all quretions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

RECEIVED

N	for-	tate	PA-	
A	V. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Everylitem of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS Mould state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
,	eryzite	SN	ent of	
/	ED. Ev	SICIA	statem	
	RECOF	. PHY	Exact :	
DNG	NENT	CTLY	ified.	
BINDI	ERMA	EXA	v class	9
MARGIN RESERVED FOR BINDING	IS A P	stated	properly	TION is vory important See instructions on hook of cortificate
VED	THIS	d he	y be	of of
ESER	INK	E shou	it it ma	on ho
IN R	DING	A. AG	, se tha	motion
MARG	UNFA	supplied	terms	an inch
•	WITH	efully :	in plair	Sut C.
	INLY,	be car	EATH	import
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(WRITI	nation	CAUSE	" NOIL
S. No.	V. B.	u)	-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03343
1. PLACE OF DEATH	(23)
County Amp Arvinde	Registration Dist, No. 23
Village or City Severn - Ind	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Arthur Alexander	er satts
(a) Residence: No. Sant Mar	Bellinard.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SER 4. COLOR OF RACE OR DIVORGED (write the word)	21. DATE OF DEATH 9th February, 198.
5a. If married, widowed, or divorced HUSBAND of . (and refer of Manual Prince Diamen.	22. HEREBY CERTIFY, That I attended deceased from
7 706 1061	I last saw h
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1. 35 1 m.
7 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Chronic Prelymonetis Date of onset
SAWYER, BOOKKEEPER, etc.	Terminal Theumonia
kind of work done, as SPINNER Arphine SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, Arbuilling SAW MILL, BANK-etc. 10. Oata deceased last worked at 11. Total time (years)	Callal Unknown much.
10. Oata deceased last worked at this occupation month and the part in this occupation month and the part in this occupation.	Reservolla to sonferm Lugarias Cutsos
12. BIRTHPLACE (city or town) Amn Arundel Co	Other Contributory Causes of Importance:
(State or country)	
13. NAME Samuel 88 atts	
14. BIRTHPLACE (city or town) Arma Arundy C	Nama of operation
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME SAN A JANAN 16. BIRTHPLACE (city or town Armal Prumall Control of Contro	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town Amalingual for	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AUXILIAN TO A CALLARY	Specify whether Injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Bethy Clare Date My (V, 193)	Nature of injury
19. UNOERTAKER AND CAUSE STORY OF THE CANADA CONTROL OF THE CAUSE OF T	24. Was disease or injury in any way related to optupation of deceased?
20. FILED John 1932 Palbrilla Drugg	(Signed) Calonal Woodruft MD.
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The Martin Commence of the State of the Stat			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state OCCUPA-

	STATE OF MA	ARYLAND-	CERTIFICATE OF DEATH (1350				
1	. PLACE OF DEATH	****					
	County Anne Arundel		Registration Dist. No. 2-1				
	Village or City West Annapol	No. Comer gency Stock, St., 2 Ward					
	(If death occurred in a hospital constitution, give its NAMIZ instead of street and number) Length of residence in city or town where death occurred						
2	FULL NAME West ATTROOT	is Jacob	Neaver				
	(a) Residence: No. West (Usual place of abode) St., Ward. (Usual place of abode) If nonresident give city or town and State						
Sections	PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Widower			21. DATE OF DEATH File. 3 (Month) (Day) (Year)				
5a.	If married, widowed, or divorced HUSBAND of						
	(or) WIFE of Jane Priscilla	Weaver	Jan. 1 HEREBY CERTIFY, That I tended deceased from				
		1859	Vi last saw h saw alive on Feb. 3 1932 death is said				
-	DATE OF BIRTH (month, day, and year) De C . 31 AGE Years Months Day		to have occurred on the date stated above, at 1/ 4. m.				
	72 2	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance				
7	9 Tendo mentantian as particulas		Date of onset				
TIO	kind of work done, as SPINNERRetired SAWYER, BDDKKEEPER, etc.	Fireman	Harcama of femme Decis				
PA	ndustry or business in which work was done, as SILK MILL,		8 / 1431				
OCCUPATION	SAW MILL, BANK, etc						
0	this occupation (month and year)	spent in this occupation					
12. BIRTHPLACE (city or town) Annapolis,			Other Countybutory Causes of importance:				
16,	(State or country) Maryl						
ER	13. NAME Jacob Weaver		(Mefrica)				
FATHER	14. BIRTHPLACE (city or town) Germany (State or country)		Name of operation Inspectation Date of the 28, 19 What test confirmed diamosis?				
ER	15. MAIDEN NAME Unknown		23. If death was due to externel causes (VIOLENCE) fill in also the following:				
MOTHER	16. BIRTHPLACE (city or town)(State or country)		Accident, suicide, or homicide? Date of injury, 19				
17. INFORMANT William H. Weaver (Address) Annapolis Md.			(Specify city or town, county and Stata) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
18. BURIAL, CREMATION, DR REMOVAL Place edar Bluff Date Feb. 6th 19 32			Manner of injury				
19.	UNDERTAKER John M. Taylor		Neture of injury 24. Was disease or injury in eny way releted to occupation of deceased?				
	(Address) Annapolis, Md.	0 0	If so, specify 4 40 ill market				
20.	FILED 4 , 1932 - 16 C	Jan no	(Signed) Autopalia M. D.				

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAR THIRTY M. N				
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
---------------	---------	---------	------------	---------------	-----------

CIAI

If more blanks are needed, addre. s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in

a hospital or institution, give its NAME it stead of street and

number.)

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screamt, Cook, to report specifically the occupations of persons enployed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day Never return "Laborer." "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician. Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. Foreman, For many occupations a or At Home, and children, Farm laborer. Laborer-Coal mine, etc. For persons (b) Automobile factory. (a) the kind of work and also (b) the If the occupation has been changed who have no occupation single word or term on Locomolive engineer, not gainfully em-The material Grocery, Wom-

Strtement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," as fracture of skull, and consequences (e. g., sepeis, telanus) may be stated under the head of "contributory." curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles approved by (Recommendations on statement of cause of and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid " "Marasmus," "Old Age," "Shock," Committee Chronic on etc. valvular heart disease; Nomenclature The need not be contributory etc., of

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1352)
1. PLACE OF DEATH	95-6
County a a	Registration Dist. No.
Village or City analog Cet	No. 4/ X Crel St., Ward
CM	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mos
2. FULL NAME John Wilson	
(a) Residence: No. 41 + Crsl	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE COC S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the world)	21. DATE OF DEATH (Month) 8, (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marella Wilson	22- FW 21, 1932, 10 FM 28, 1932
6. DATE OF BIRTH (month, day, and year) Quilling on 187	Nest saw haire alive on HM. 28 1932; death is said
7. AGE Years Months Days If LESS than	to have occurrad on the date stated above, at 7.30 Pm.
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Wilewoseleine Cardio-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL.	Vascular disease 1931
work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc 10, Oata deceased last worked at this occupation (month and 2 year) occupation	
12. BIRTHPLACE (city or town) a a co m	Other Contributory Causes of Importance: 1932
(State or country)	(Cause (Kentennia))
13. NAME Soharler willen	
13. NAME Son area works 14. BIRTHPLACE (city or town)	Name of operation. Upl Oate of 7
(State of Country)	What tast confirmed diagnosis? Was there an au opsy? W.
15. MAIDEN NAME Sarah Huml	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Martha Wilson	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) amajores mi	
Place Breeze Till Opte 1932	Manner of injury
19. UNDERTAKER B & H offmg	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Om apoleto mos	If so, specify
20. FILEMAN Ch. 1, 19 3/2 g - y 6 C - gry & Registrar.	(Signed) Way M. O. (Address) MUNDLES WHY
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I		Example II		
The principal cause of de of importance were as fol	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1	July 5,1927	Peritonitis	3 days ago	
Other contributory cause	s of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

* E S	Spec.—12-9-25—	-A Co.—200 Bks.	HEALTH DE	PARTMEN	T—CITY OF BALTIMOR	E (1353
ON SON	anne an	endello.		CERTIFICAT	E OF DEATH. 95-2		300
V I OF	1-PLAC	E OF DEATH	Stones (2	ook		REGISTERED N	02/
Every item of S should stan nt of OCCUP?	City of BAI	TIMORE: (No	1111 A tha E	Mora Paca	4 St., Ward) 4 onu 9 50 St. Ward	(If death a hospital tion, give instead of number.)	its NAME street and
OIA.	(Usual place of abode) Length of residence in city or town where death occurred yrs. mos.				(If non-resident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds.		
RECO.	PERSON	PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
VING ANENT RI UK. PH 1. Exact	s sex female_	4 Color or Race white	5 Single, Marr or Divorced (v		16 DATE OF DEATH (month, of	ay, and year)	19
RME ACC	5a If married, widowed, or divorced HUSBAND of Joseph Young			Jan 10, 1932, to Tel 16, 19.3.			
A PEJ ed EX.	6 DATE OF	BIRTH (month, day, May 22	and year) 1862		and that denth occurred, on the date stated above, at		
0 = - B	7 AGE	Years Months	Days iII	1F LESS than 1 dayhrs. ormin.	The CAUSE OF DEATH* was	ns follows:	
RGIN RESERVED ING INK—THIS I AGE should be stend it may be proper on back of certific	(a) Trade, profession or housework (b) General nature of Industry, Ouslness, or establishment in which employed (or employer) (c) Name of employer 9 BIRTHPLACE (city or town). Germany.			(duration)yrs			
MAR ADT							
H UNI Supplie ms, so							
WITH ully sup terms, e instru	10 NAME OF FATHER						
VLY, W careful plain t	11 BIRTHPLACE OF ATHER (city or town)						
LAI B is be	12 MAIDEN NAME OF MOTHER OF ME KANE						
WRITE PLAIN fon should be OF DEATH in		PLACE OF MOTH	ER (city or town)	*State the Disease Causing Canses, state (1) Means and Nati dental, Suicidal, or Homicidal. (Se	Death, or in deaths are of Injury, and (2) e reverse side for ad-	from Violent Whether Acci- litional space.)
B.—WR tfon OF	Informant Herman Groh (Address) Greenland Beachs			19 PLACE OF BURIAL, CREMATION OR Date of Barial Cedar Hill Cemetery 2-19 19 3			
Z(T)	15 Filed	-/6, 19 32	2.4.	Registrar	George H. Le		altimore

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH.

(Approved by U. S. Census and American Public Health Asso.)

occupation whatever, write None. Farmer (retired, 6 yrs.). from business, state occupation at beginning of iliness. If retired or given up on account of the disease causino Death, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons engaged or At home, and children, not gainfully employed, as salary), may be entered as Housewife, Housework, only (not paid Housekeepers who receive a definite home who are engaged in the duties of the household without more precise specification, as Day laborer, "Laborer," "Foreman," "Manager," "Dealer," etc., mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) when needed. As examples: (a) Spinner, (b) Cotton spective of age. For many occupations a single word form part of the second statement. Automobile factory. vided for the latter statement; it should be used only or industry, and therefore an additional line is prokind of work and also (b) the nature of the business fireman, etc. But in many cases, especially in industect, Locomotive engineer, Civil engineer, Stationary or term on the first line will be sufficient, e. question applies to each and every it school or At home. Care should be taken to trial employments, it is necessary to know (a) the Farmer or Planter, Physician, healthfulness of various pursuits can be known. occupation is very important, so that the relative domestic service for wages, as Servant, Statement of Occupation .- Precise statement of laborer, Laborer-Coal mine, etc. that fact may be indicated The material worked on may For persons who have no Compositor, Archi-Never return person, Women at The

ioneum, etc., Carcinoma, Sarcoma, etc., Cerebrospinal fever (the only definite synonym is same accepted term for the same disease. respect to time and causation), using always the DISEASE CAUSING DEATH (the primary affection with (name origin; "Cancer" is less definite; avoid use of indefinite); Tuberculosis Bronchopneumonia (avoid use of "Croup"); Typhoid fever (never re-Statement of Cause of Death.-Name, first, the "Typhoid pneumonia"); Lobar pneumonia; ccrebrospinal ("Pneumonia," of lungs, meningitis"); meninges, peri unqualified, Examples: Diphtheria

> ing; Struck by railway train-accident; Revolver determine definitely. INJURY and qualify as ACCIDENTAL, SUICIDAL, diseases resulting from childbirth or miscarriage, as the American Medical Association.) dcath approved by Committee on tetanus) may be stated under the head of "Contribufracture of skull, and consequences (e. wound of head-homicide; Poisoned by carbolic acid HOMICIDAL, undertaken. For violent deaths state means or "PUERPERAL septicemia," "PUERPERAL peritonitis," can be ascertained as the cause. "Uremia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old age," "Shock," "Dropsy," "Exhaustion," Heart failure," "Hemorsymptomatic). "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unicss important. Example: Measles (disease vulsions," "Debiity" ("Congenitai," "Seniie," etc.), Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart disease; (secondary or intercurrent) affection need not be -probably suicide. State cause for which surgical operation was (Recommendations on statement of cause of for or as probably such, if possible to malignant The nature of the injury, as Examples: Accidental drownneoplasms); Always qualify all The contributory Nomenclature of Measles;